

**MOORPARK CITY COUNCIL
AGENDA REPORT**

TO: Honorable City Council

FROM: Barry K. Hogan, Deputy City Manager *BKH*
Prepared by: David Lasher, Senior Management Analyst *DL*

DATE: January 22, 2009 (CC Meeting on 2/04/2009)

SUBJECT: Consider Proposals for Fiscal Year 2009-2010 for \$199,002 in Community Development Block Grant (CDBG) Funds

BACKGROUND

On November 19, 2008, the County of Ventura held its first Fiscal Year 2009-2010 public hearing to address unmet needs of lower-income persons in the Urban County Entitlement Area, which includes the City of Moorpark. FY 2009-2010 CDBG proposal submittal due dates and application preparation training were provided at this hearing. The deadline for submittal of project proposals was January 5, 2009. Eleven (11) proposals specific to Moorpark were received. Of these applications, two (2) were rejected by the County's CDBG administrators as ineligible. The remaining nine (9) applications are summarized in Attachment 1, with a comparison to funding during previous years. Attachment 2 is a summary of the eligible applications. Attachment 3 provides an overview of past CDBG funding. Complete proposals and the 2005 Consolidated Plan (including the three year strategic plan) are available at the Community Development Department public counter. The City's funding proposals are due to the County by March 13, 2009.

DISCUSSION

CDBG projects are expected to address the unmet needs of lower-income persons as identified in the Consolidated Plan. Eligible recipients are those whose income does not exceed 80% of area median income. The median income for Ventura County is currently \$83,900.00 for a four-person household. CDBG funds may be used for housing, public facilities, economic development, housing rehabilitation, public service programs and administrative activities. An existing Cooperative Agreement is currently in effect between the City and Ventura County with respect to CDBG oversight.

According to projections provided by the County (and revised on January 22, 2009), staff anticipates that the City will receive \$199,002.00 in CDBG funds for FY 2009-2010. In FY 2008-2009 Moorpark received \$199,014.00 in CDBG funds. Of the anticipated FY 2009-2010 funding, a maximum of fifteen percent (15%) or \$29,850.00 may be expended on public service programs. A total of \$9,642.00 may be allocated for administrative costs. This figure includes the required \$2,575.00 cost of the City's portion of the administrative charges for the Fair Housing Program. The County, as our CDBG grantee, is required to demonstrate to HUD that the County of Ventura affirmatively furthers fair housing. Therefore, on behalf of the Entitlement Area, the County contracts with the Housing Rights Center (HRC). They provide the Fair Housing Program for the entire Entitlement Area, satisfying HUD requirements. This Program provides renters with outreach and education on fair housing rights, discrimination complaint investigation, enforcement and litigation, and landlord/tenant counseling in seven languages.

In FY 2007-2008 and FY 2008-2009, of the funds allowed for administrative costs, the Council allocated the difference of the total administrative allowance minus the Fair Housing Program administrative charge to the Human Services Complex public project. This was requested by staff to simplify administration. If the Council directed staff to follow the same procedure, \$7,067.00 would be added to the Human Services Center public project request for FY 2009-2010.

Additionally, per new terms from the federal government as found in the current CDBG contract between the City and the County, some unspent public service funds from administration and public service projects from prior fiscal years and funds over the City's annual fiscal year cap of \$29,850.00 must be reprogrammed into non-public service projects. These funds must be reallocated to a public facility project such as the Human Services Complex or other non-public service expenditure. This includes \$9,273.60 allocated in FY 2006-2007 for administration, \$1,641.83 remaining from funds allocated to the Coalition to End Family Violence from the FY 2006-2007 year and additional grant funds associated with Catholic Charities and Loving Heart Hospice associated with prior fiscal years and the current fiscal year cap. Due to the change in contract terms from HUD, staff will be meeting with the affected subrecipients and the County in the coming weeks to finalize the FY 2008-09 CDBG grant process.

Public Service Grant Requests

Nine (9) applications for public service programs were received by the January 5, 2009, 5:00 PM deadline. These applications represent a variety of agencies and organizations requesting a total of \$153,150.00. These organizations may be considered for funding

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based on anticipation of increased levels of service, or to assist in establishing a new service.

Of the applications received, the County's CDBG grant administrator has advised staff that two applications should be rejected. Make It A Reality.com submitted an incomplete application via fax after the deadline. Neighborhood Networking's application is not from a recognized non-profit organization, does not principally benefit low and moderate income persons, is not an eligible activity under the current federal CDBG regulations, does not satisfy a high priority need, and does not demonstrate the experience and capacity required for administering CDBG funds.

A summary of the funding requests for service programs is below. The bold text indicates organizations which were funded last year. A more detailed breakdown of organizations funded by CDBG funds can be found in Attachment 3.

Summary of Public Service CDBG Grant Requests

Organization	Amount Requested
Brain Injury Center	\$2,650.00
Catholic Charities	\$14,000.00
Food Share, Inc.*	\$5,000.00
Long Term Care Services (Ombudsman)*	\$4,000.00
Loving Heart Hospice Foundation	\$4,000.00
Lutheran Social Services	\$17,500.00
Make It A Reality.com**	\$4,000.00
Neighborhood Networking**	\$97,000.00
RAIN Project Transitional Living Center*	\$5,000.00
Total	\$153,150.00

*Indicates programs that could be administered by the County, at no cost to the City, through Joint Powers agreements if the City chooses to fund these particular programs.

**Indicates applications that are ineligible to receive CDBG funding.

Public Facility and Economic Development Grant Requests

One (1) proposal for a public project and one (1) proposal for an economic development project were received, totaling \$170,650.00. The City is requesting \$160,650.00 to fund costs related to construction of the Human Services Complex. Additionally, \$10,000.00 has been requested by the Women's Economic Ventures for an economic development project to provide "Microenterprise Development". This organization applied to the City last year, but was not funded. The Women's Economic Ventures project could be administered by the County through a Joint Powers Agreement if the City chooses to fund this program.

A summary of the public facility and economic development requests is shown below:

FUNDING CATEGORY	HUD LIMIT	PROPOSALS RECEIVED
Public Facility and Economic Development*	\$159,510.00	\$170,650.00
Public Service Programs	\$29,850.00	\$52,150.00
Administration (with Fair Housing Counseling)	\$9,642.00	\$2,575.00
Total	\$199,002.00	\$225,375.00

*Indicates programs that could be administered by the County, at no cost to the City, through Joint Powers agreements if the City chooses to fund these particular programs.

ENVIRONMENTAL DOCUMENTATION

As the final approval authority for CDBG funding allocations, the County of Ventura is the lead agency for processing of environmental documentation pursuant to California Environmental Quality Act (CEQA) requirements.

STAFF RECOMMENDATION

1. Open the public hearing, receive public testimony, and close the public hearing.
2. Refer this matter to the Council's Finance, Administration and Public Safety Committee (Mayor Parvin and Mayor Pro Tem Van Dam) for preparation of a recommendation for final appropriations for City Council consideration at the March 4, 2009 regular meeting.
3. Continue this item, with the public hearing closed, to the regular meeting of March 4, 2009.

ATTACHMENTS:

1. Summary of Proposals for FY 2009-2010
2. Excerpts from Proposals Submitted for FY 2009-2010
3. Overview of Past CDBG Funding

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Summary of Eligible CDBG Proposals Received By City of Moorpark for FY 2009-2010

PUBLIC SERVICE PROGRAMS										
Organization	Name of Project	2004-2005 Approved Funding	2005-2006 Approved Funding	2006-2007 Approved Funding	2007-2008 Approved Funding	2008-2009 Amount Requested	2009-2010 Amount Requested	Number of Anticipated Moorpark Beneficiaries		
Brain Injury Center	Outreach, Needs Assessment and Identification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,650	723		
Catholic Charities	Community Service Center and Food Pantry	\$ 9,047	\$ 12,000	\$ 14,097	\$ 14,000	\$ 14,000	\$ 14,000	2,700		
Food Share, Inc.	Brown Bag Program	\$ -	\$ -	\$ -	\$ 3,000	\$ 4,000	\$ 5,000	27		
Long Term Care Services *	Long Term Care Ombudsman	\$ 2,000	\$ 3,000	\$ 3,000	\$ 2,745	\$ 3,000	\$ 4,000	150		
Loving Heart Hospice Foundation	Medical Hospice Services	\$ -	\$ 2,500	\$ 5,000	\$ 4,000	\$ 4,000	\$ 4,000	8		
Lutheran Social Services of Southern California	Caring Neighbors Minor Home Repair Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,500	30		
County of Ventura Human Services Agency/ RAIN *	RAIN Project Transitional Living Center	\$ -	\$ -	\$ -	\$ 3,000	\$ 5,000	\$ 5,000	10		
Subtotal (Public Service Programs)		\$ 11,047	\$ 17,500	\$ 22,097	\$ 26,745	\$ 30,000	\$ 52,150			
PUBLIC FACILITY/ECONOMIC DEVELOPMENT										
City of Moorpark	Ruben Castro Human Services Center	\$ 137,933	\$ 130,178	\$ 115,714	\$ 158,133	\$ 153,250	\$ 160,650	N/A		
Women's Economic Ventures *	Microenterprise Development	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 10,000	9		
Subtotal (Public Projects)		\$ 137,933	\$ 130,178	\$ 115,714	\$ 158,133	\$ 163,250	\$ 170,650			
ADMINISTRATION										
City of Moorpark	Administration (including Fair Housing)				\$ 2,500	\$ 9,642	\$ 9,642			
GRAND TOTAL (ALL PROPOSALS)						\$ 207,892	\$ 232,442			
ESTIMATED ALLOCATION						\$ 199,014	\$ 199,002			
AMOUNT EXCEEDING ALLOCATION						\$ 8,878	\$ 33,440			

* Programs/Projects will likely be funded by the County and the local programs/projects for Moorpark could be administered by the County through a Joint Powers Agreement.

Original

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

PUBLIC SERVICE PROJECT PROPOSAL

Submitted to City of Moorpark (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

1. Legal Name of Applicant Organization: Brain Injury Center
2. Mailing Address: P. O. Box 6576, Ventura, CA 93006
3. Executive Director Name & Title: Joan M. Moore, Director
4. Organization's Website Address: www.braininjurycenter.org
5. Organization's Tax Payer ID #: #7700491413
6. Contact Person Name & Title: Joan M. Moore, Director
 - a. Phone: 805/650-5993 x 204 FAX: 805/650-9278
 - b. E-mail Address: www.jjjjmoore@gmail.com
7. Title of Proposed Project: Outreach, Needs Assessment and Identification
8. Address/Service Area of Proposed Project: City of Moorpark
 - a. Amount Requested for this Project: \$2,650

For City / County Use Only			
Date Received:	Time:	Signature:	Application Complete?
<u>12/24/8</u>			

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B. PROJECT INFORMATION

1. Will the proposed activity...:

- | Yes | No | |
|-------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Help prevent homelessness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Help the homeless? |
| <input type="checkbox"/> | <input type="checkbox"/> | Help those with HIV or AIDS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura – Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

Goal AH-1. Increase the availability of affordable owner housing.
Goal AH-2. Improve the quality of owner housing through rehabilitation.
Goal AH-3. Improve the quality of owner housing through code enforcement .
Goal AH-4. Increase the availability of affordable rental housing.
Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
Goal AH-7. Increase housing options for persons with special needs .
Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

Goal H-1. Assist homeless or at-risk persons with housing and services.
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Community Development

Goal CD-1: Improve or construct public facilities that support low-mod income residents.
Goal CD-2: Improve or construct infrastructures in low-mod income areas.
Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
Goal CD-4: Provide services to youths from low-mod income families.
Goal CD-5: Provide services to area seniors.
X Goal CD-6: Provide other services to low-mod income persons.

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3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

See attached

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at CDBG/HOME/ESG Grant Application Process and Forms.

See attached

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

See attached

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Part B. Project Information

3. Project Description:

Our proposed project is to reach every person with a brain injury and their family that live in Moorpark and let them know of our existing services of support and our information and referral services to appropriate county agencies, medical assistance, and therapeutic assistance as may be needed.

4. Unmet Community Needs:

There currently is no direct targeted outreach to brain injury survivors and their families in the community of Moorpark. The category and goal number our project will address as identified in the 2005-2010 Consolidated Plan, Part III –Goal 6 (to provide other services to low-mod income persons). As an important note – included in the figures for low to mod income persons, as stated by the CDBG Fact Sheet National Objectives, (see Exhibit "A" attached) are "...certain clientele are presumed by HUD to be low/mod income. They are: severely disabled adults..." A person with brain injury is considered to be a person with a disability according to the many standards as set by the American with Disabilities Act, the Social Security Administration, and the Department of Rehabilitation.

Since brain injury does not discriminate in who it affects, our services do not discriminate and would benefit all those with brain injury in all of the special needs populations as listed in Part II of the Plan on page 81 (elderly and frail, including seniors and persons with disabilities) as well as their families and loved ones who are substantially affected by brain injury, as they have now lost a partner, child, caregiver and/or provider.

5. How Grant Funding will be used

The specific program/project proposed by the Brain Injury Center (BIC) will be an all-out effort to inform and educate all the residents and let them know about the services provided by the BIC. Those services include support groups, information about brain injury and referral to appropriate agencies, etc. as needed. We act as a clearing house for all things having to do with "brain injury". By targeting the entire population, we will attempt to reach those brain injury survivors and their families that live in Moorpark and who could benefit from the services we provide.

In order to reach those who can benefit from our services, we will do expansive community outreach by exploring public speaking opportunities, public service announcements, distributing our brochure and information, and holding informational meetings with the cooperation of governmental and non-governmental agencies, organizations, and churches. We do not think it is unrealistic to assume that we will reach a very high percentage of the population and inform them of the existence of our organization and the services we provide by using all means listed above. Using our past experience of outreach we anticipate that our first year we will directly serve (either through our information and referral services and/or attending our Ventura support groups) approximately five people with brain injury and their families. We will carefully track all of our outreach efforts - public announcements, brochures, public speaking engagements and informational meetings to make sure we are reaching the highest number possible. We also will have in place various mechanisms to track the number of people we provide direct service to, i.e.: phone logs, meeting attendance records, and in-person interviews.

6. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

See Attached

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Brain Injury Center

B. Project Information

6. Full Project Description – Purpose and beneficiaries

The Brain Injury Center's unique services include resource facilitation - meaning we provide information and referral assistance to brain injury survivors, families and caregivers to help with: neuro and physical assessments, community benefits information, rehabilitation, including occupational, speech, cognitive and physical, legal assistance, employment, education, transportation and housing. We collaborate with the Independent Living Resource Center and area hospitals, medical and social service agencies and are continually updating our resource referral information. We currently service approximately two new clients per week. Approximately 75% of our service is delivered through telephone referrals which are tracked by a telephone log. The other 25% are face-to-face appointments which are tracked through an interview log. There is a marked increase in the number of telephone contacts to our office after we have done targeted outreach to a community. (i.e. in the past year we have targeted all of Ventura County with two TV broadcast interviews and programs; Camarillo – with a story in the Camarillo Acorn and speaking engagements at several Camarillo service clubs and schools; and Ventura – with public announcements in the Ventura Star and speaking engagements at service clubs.) After those outreach situations, our calls for service increased to almost five per week over a three week period. We also maintain a web page (www.braininjurycenter.org). Using this experience as a basis for the goals set by this request, we anticipate that we will see an increase in clients from the city of Moorpark.

We currently offer two free weekly support groups in the city of Ventura. We do track attendance at each of these meetings. The Survivor Support Group is facilitated by a professional and the family member and caregiver group is a peer-to-peer support group. Both of these support groups offer peer-to-peer mentoring and have proven to be an effective and vitally important component of our services. We cannot stress the importance of these "support groups" - especially those for families and caregivers. By bolstering the families' abilities and resolve to continue with the day-to-day care of their loved ones keeps families intact. Intact families translate into healthy communities. A very high percentage of the people that contact us are looking for a support group specifically geared to brain injury survivors and to family/caregivers. The current on-going participation of our Ventura Survivors' Support Group is between 25 – 30 people per week. This is a steadily growing group and as more and more people learn about our organization, it continues to grow. This support group has shown an increase of 15 people over the past year. The current participation of our Ventura Family/Caregiver Support Group is between 5 – 10 people per week. This is a 100% increase in the past year. We know that not every person with a brain injury will avail themselves of our services, but if they do not even know of our services, that number will be zero. The brain injury survivors and their families will also benefit from the increase in awareness among those in the community who provide medical, social services, housing, educational and recreational services as those providers learn more about dealing with survivors of brain injury as they return to their home community. As we work with brain injury survivors and their families living in Moorpark, we will begin to learn what is needed in order to support those living in the area. We hope to see a local support group form and be available to those living in Moorpark. This would be our next step in keeping up an awareness of the issues facing this population; helping them utilize existing services and having them advocate on their own behalf. In the meantime, we will encourage those ready to join a support group to access the groups already in place in the city of Ventura.

Brain injury is defined as either "traumatic brain injury" (TBI) or "acquired brain injury" (ABI). TBI is a result of trauma and ABI is a result of illness, stroke or hypoxia. The Brain Injury Center assists adults with all types of brain injury and their families. National statistics (as cited by the National Center for Disease Control) indicate that 2% of the general population lives with a brain injury, and another 1.4 million Americans sustain a new brain injury every year. Those TBI numbers are rising due to the injuries sustained in Iraq and Afghanistan. Using 2006 estimated census data, approximately 723 people in Moorpark have a brain injury. Add to that figure the families affected by brain injury by the fact that their partner, child, caregiver and provider have a brain injury and the numbers take on a

6. Full Project Description – Purpose and beneficiaries cont.

significant portion of the population of Moorpark. Brain injury results in varying levels of short and/or long term memory loss, difficulty with concentration, difficult with communication, spatial disorientation, reduced endurance, problem solving difficulties; physical changes which may include, but are not limited to seizures, headaches, chronic pain, impaired vision; psychosocial/behavioral and emotional issues, which may include but are not limited to anxiety, anger, depression, mood swings, isolation, emotional instability and lifestyle changes, which include but are not limited to *loss of financial* and personal independence, loss of job, spouse, family members and accessible public transportation, need for adaptive equipment and long-term care. Because of the myriad of residual effects of brain injury, it is safe to say, as quoted in the Barriers and Recommendations report addressing the challenges of living with Brain Injury in America published in 2008 and provided by the Brain Injury Consensus Conference, “People who experience TBI report poor physical and emotional health as compared to those with other disabilities and those without disabilities. Individuals with brain injury who live with residual disability often fail when they attempt to return to productive work, previous social roles, familial responsibilities and pre-injury lifestyles. People with TBI are 66% more likely to receive welfare or disability payments and are four times more likely to attempt suicide than people with out disabilities.” As quoted from the 2006 Institute of Medicine report: “...many people with TBI experience persistent, lifelong disabilities. For these individuals, and their families and caregivers, finding needed services is far too often an overwhelming logistical, financial and psychological challenge. Individuals with TBI-related disabilities, their family members and caregivers report substantial problems in getting basic services, including housing, vocational services, neurobehavioral services, transportation and respite for caregivers. Yet efforts to address these issues are stymied by inadequate data system, insufficient resources and a lack of coordination. TBI services are rarely coordinated across programs....”. The Brain Injury Center is highlighted in the Blue Book published annually by Interface, Inc. and listed in the 2-1-1 Ventura County Help Line. We provide a public service as an experienced, non-profit organization; and as highlighted in the County’s Plan, (page 153) under “Public Services”. We can meet the unmet needs of our targeted population – survivors of brain injury and their families and caregivers.

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

See Attached

Brain Injury Center

Section C. Performance Outcome Measurement

Outcome 1. Availability/Accessibility

Objective: Enhancing the living environment through new/improved accessibility.

There currently is no direct targeted outreach to brain injury survivors and their families in the community of Moorpark. We know that not every person with a brain injury will avail themselves of our services, but if they do not even know of our services, that number will be zero. We know through testimonials and changed lives that what we do makes a difference to those that have used our education and referral services and, on an ongoing basis, to those survivors and their families that take part in our two support groups in the city of Ventura. Our goal is to reach our targeted audience through outreach and by making our services available to certainly enhance their living environment through improved accessibility to the services they specifically need.

D. BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. Also attach a map.	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please attach blank intake form.	X
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please attach blank worksheet.	
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	X Handicapped Individuals
Other. Survey, other documentation (required documentation for other governmental programs, etc.). Please explain.	

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? yes

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	yes
Asian	yes
Black/African American	yes
Native Hawaiian/Other Pacific Islander	yes
White	yes
American Indian/Alaskan Native & White	yes
Asian & White	yes
Black/African American & White	yes
American Indian/Alaskan Native & Black/African American	yes
Other Multi-Racial	yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use. No

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

attached intake form

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4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income or Other** Beneficiaries Estimated to be Served FY 2009-10
Fillmore	\$2,650	-0-	P 300*	P 300**
Moorpark	\$2,650	-0-	P 723*	P 723**
Ojai	\$2,650	-0-	P 155*	P 155**
Port Hueneme	\$2,650	-0-	P 436*	P 436**
Santa Paula	\$3,000	P 570*	P 20*	P 20**
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	\$-0-	-0-	-0-	-0-
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	\$3,500	-0-	P 7,015*	P 7,015**
TOTAL	\$17,100	P 570**	P 8,649*	P 8,649**

Indicate the source of your information:

*Based on 2006 Census figures for cities and National Center for Disease Control estimates that 2% of general population has a brain injury.

**According to Understanding the CDBG Program Fact Sheet, and Section C "Performance Outcome Measurement" of this application; ... certain clientele are presumed by HUD to be low/mod income. They are: senior citizens and severely disabled adults... Under the Americans with Disabilities Act (ADA) the term "disability" means, with respect to an individual a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such impairment. It is generally accepted that people with even a mild brain injury are considered to be severely disabled, in that their disability substantially limits one or more of the major life activities.

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E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Outreach, needs assessment and identification	2008-2009	\$2,650

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	Jan-Dec. (Calendar)
Date of your organization's most recently completed audit. (Month/Year)	N/A – agency too small
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	N/A – agency too small
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	N/A – agency too small
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	N/A – agency too small

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	Yes
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	Yes
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	Yes

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Is this a "faith-based" organization? *Yes _____ or No X

*Generally, a faith-based organization was founded or is inspired by faith or religion.

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Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 6, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
N/A	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Total Amount of Funding
Private foundation grants	June	\$250
Fundraisers	March & November (\$500) (\$1,250)	\$1,750
Individual donations & membership	Monthly (\$54)	\$650
Total FY 2009-10 Project Budget (NOT the entire organization)		\$2,650

000018

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

Meetings with area stakeholders, speaking engagements, advertising of public meetings, public meeting materials, intake and assessments, and informational printed material to be distributed throughout community

Project Budget Summary for FY 2009-10 – Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	\$1,508	\$1,508	\$3,016
Personnel Fringe Benefits	-0-	-0-	-0-
Consultant/Contract Services	\$300	-0-	\$300
Travel, Mileage	-0-	-0-	-0-
Office Expenses (Space Rental, Insurance, Utilities, etc.)	\$440	\$440	\$880
Equipment (Rental, Lease or Purchase)	-0-	-0-	-0-
Other (Explain), advertising, meetings, print material	\$402	\$702	\$1,104
TOTAL	\$2,650	\$2,650	\$5,300

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
Director	104/hrs = 10%	\$29/hr.	\$1,508
Professional Cognitive Therapist	8 hrs	\$37.50/hr.	\$300
TOTAL	108/hrs.		\$1808

Budget Estimator (Name, Title, and Phone Number) :

Joan M. Moore, Director 805/650-5993 x 204

000019

G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Brain Injury Center

Name of Agency

Joan M. Moore

Typed Name of Agency Official

Director

Title of Agency Official



Agency Official Signature

12/30/08

Date of Signature

805/650-5993 x 204

Telephone Number of Agency Official

jjjmoore@gmail.com

E-mail Address of Agency Official

000020

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

PUBLIC SERVICE PROJECT PROPOSAL

Submitted to City of Moorpark (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

1. Legal Name of Applicant Organization: Catholic Charities of Los Angeles, Inc.
2. Mailing Address: P.O. Box 15095
Los Angeles, CA Zip: 90015-0095
3. Executive Director Name & Title: Msgr. Gregory A. Cox, Executive Director
4. Organization's Website Address: www.CatholicCharitiesLA.org
5. Organization's Tax Payer ID #: 95-1690973
6. Contact Person Name & Title: Pat Esseff
 - a. Phone: 805-558-2205 FAX: 805-529-3017
 - b. E-mail Address: pesseff@ccharities.org
7. Title of Proposed Project: Moorpark Community Service Center
 - a. Address/Service Area of Proposed Project: 609 Fitch Avenue, Moorpark, CA 93021
 - b. Amount Requested for this Project: \$ 14,000

For City / County Use Only			
Date Received: <u>1/2/9</u>	Time:	Signature: 	Application Complete?

000021

B. PROJECT INFORMATION

1. Will the proposed activity...:

- | Yes | No | |
|-------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help prevent homelessness? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help the homeless? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help those with HIV or AIDS? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura – Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

	Goal AH-1. Increase the availability of affordable owner housing.
	Goal AH-2. Improve the quality of owner housing through rehabilitation.
	Goal AH-3. Improve the quality of owner housing through code enforcement .
	Goal AH-4. Increase the availability of affordable rental housing.
	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
	Goal AH-7. Increase housing options for persons with special needs .
	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

	Goal H-1. Assist homeless or at-risk persons with housing and services.
--	--

Community Development

	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
	Goal CD-4: Provide services to youths from low-mod income families.
	Goal CD-5: Provide services to area seniors.
X	Goal CD-6: Provide other services to low-mod income persons.

000022

3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

The Moorpark Community Service Center provides essential safety net services and special outreach programs to stabilize low-income households in the City of Moorpark.

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at CDBG/HOME/ESG Grant Application Process and Forms.

Catholic Charities' Moorpark Community Service Center (MP-CSC) serves "low wage earning" poverty populations. In 2007-08, 90% of the Moorpark Community Service Center clients were Hispanic. The Ventura County 2005 Consolidated Plan indicates that 13.4% of the 27.8% Hispanic households in Moorpark are considered extremely low-income and low income. 98% of the households assisted through the MP-CSC in 2007-08 fell into this category.

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

The CDBG monies will be used to continue and improve the current services by providing the salary, taxes, and benefits for an experienced, bilingual caseworker to assist clients with accessing appropriate resources and finding solutions to their problems. This staff person organizes the programs, recruits and trains volunteers, coordinates donations, and coordinates statistics and client records at the Moorpark Community Service Center.

000023

6. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

Although Moorpark is a growing and affluent area, the residents that the Moorpark Community Center (MP-CSC) serves fall within the extremely low and very low-income categories. Because much of our clients' work is cyclical and/or weather dependent the basic necessities of life are sometimes jeopardized.

Food, clothing and secure housing are the basic and ongoing needs of the people who come to the Moorpark Community Service Center. The staff and volunteers at the Center provide supplemental food, clothing, eviction prevention assistance, utility assistance and large holiday programs.

The Food Pantry portion of the program is ongoing and labor intensive. The residents of Moorpark, the school district, local clubs, organizations and churches generously supplement the resources of the FoodShare program. Volunteers work hard to sort, organize, pack and distribute the food.

The Center is open Monday, Tuesday, Wednesday and Saturday, for a total of 25 hours.

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

Although poverty is often invisible to the larger community, it affects the health and stability of that community in innumerable ways. When families have enough food, their clothing is appropriate and their housing is secure, the whole community is safer, stronger and healthier. The services that the MP-CSC provides enhance and sustains the well-being of Moorpark.

000025

D. BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. <u>Also attach a map.</u>	No
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	Yes
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	Yes
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	No
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	No

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? Yes

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	Yes
Asian	Yes
Black/African American	Yes
Native Hawaiian/Other Pacific Islander	Yes
White	Yes
American Indian/Alaskan Native & White	Yes
Asian & White	Yes
Black/African American & White	Yes
American Indian/Alaskan Native & Black/African American	Yes
Other Multi-Racial	Yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use. NA

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

NA

000026

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore	\$	100	100	90
Moorpark	\$14,000	2,500	2,700	2,440
Ojai	\$			
Port Hueneme	\$			
Santa Paula	\$	10	10	10
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	\$	20	20	20
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	\$	170	170	170
TOTAL	\$14,000	2,800	3,000	2,730

Indicate the source of your information:

Client demographics and service activity are entered into the Catholic Charities' CMIS data system each month for the MP-CSC.

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E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
NA			

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	July 1 st through June 30 th
Date of your organization's most recently completed audit. (Month/Year)	June 30, 2007
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	July 1, 2006 - June 30, 2007
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	Yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	Yes
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	Yes
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	Yes

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	
Organization Chart	
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Is this a "faith-based" organization? *Yes X or No _____ but services are **secular**

*Generally, a faith-based organization was founded or is inspired by faith or religion.

000028

Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 6, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
City of Moorpark	\$ 14,000
EFSP XXVI	\$ 20,000
Donations and Fundraising	\$ 50,000
	\$
	\$
	\$
	\$
	\$
	\$
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$ 84,000

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
City of Moorpark	September 2009	\$ 14,000
EFSP XXVII	March 2010	\$ 22,000
Donations and Fundraising	ongoing	\$ 60,000
		\$
		\$
		\$
		\$
		\$
		\$
Total FY 2009-10 Project Budget (NOT the entire organization)		\$ 96,000

000029

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

The CDBG monies will be used to continue and improve services by providing the salary, taxes, and benefits for an experienced, bilingual caseworker who helps clients access essential services and assists clients with finding long-term solutions to their problems.

Project Budget Summary for FY 2009-10 – Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	\$12,280	\$24,720	\$37,000
Personnel Fringe Benefits	\$1,720	\$3,460	\$5,180
Consultant/Contract Services			
Travel, Mileage		\$1,000	\$1,000
Office Expenses (Space Rental, Insurance, Utilities, etc.)		\$10,000	\$10,000
Equipment (Rental, Lease or Purchase)		\$5,000	\$5,000
Administrative Overhead		\$11,820	\$11,820
Other: Financial Assistance for Clients		\$26,000	\$26,000
TOTAL	\$14,000	\$82,000	\$96,000

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
Client Resources Coordinator II	20hrs/wk x 45 wks	\$15.62	\$14,000
TOTAL			\$14,000

Budget Estimator (Name, Title, and Phone Number) :

Pat Esseff, Regional Coordinator for Client Services; 805-558-2205

000030

G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Catholic Charities of Los Angeles, Inc.

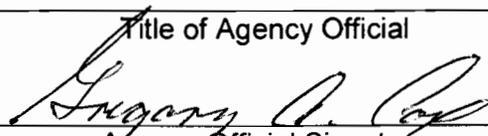
Name of Agency

Msgr. Gregory A. Cox

Typed Name of Agency Official

Executive Director

Title of Agency Official



Agency Official Signature

12/31/08

Date of Signature

213-251-3400

Telephone Number of Agency Official

mcox@ccharities.org

E-mail Address of Agency Official

000031

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

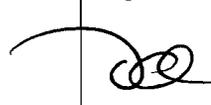
PUBLIC SERVICE PROJECT PROPOSAL

Submitted to City of Moorpark (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

1. Legal Name of Applicant Organization: Foodshare, Inc.
2. Mailing Address: 4156 Southbank Rd.
Oxnard, CA Zip: 93036
3. Executive Director Name & Title: Bonnie Weigel, CEO
4. Organization's Website Address: www.foodshare.com
5. Organization's Tax Payer ID #: 77-0018162
6. Contact Person Name & Title: Kristy Pollard
 - a. Phone: (805) 983-7100 FAX: (805) 983-2326
 - b. E-mail Address: kpollard@foodshare.com
7. Title of Proposed Project: Brown Bag Program
 - a. Address/Service Area of Proposed Project: City of Moorpark
 - b. Amount Requested for this Project: \$ 5,000.00

For City / County Use Only			
Date Received:	Time:	Signature:	Application Complete?
12/30/9			

B. PROJECT INFORMATION

1. Will the proposed activity...:

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Help prevent homelessness?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Help the homeless?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Help those with HIV or AIDS?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Help the disabled?

2. Select **ONE** of the following County Of Ventura - Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

<input type="checkbox"/>	Goal AH-1. Increase the availability of affordable owner housing.
<input type="checkbox"/>	Goal AH-2. Improve the quality of owner housing through rehabilitation.
<input type="checkbox"/>	Goal AH-3. Improve the quality of owner housing through code enforcement .
<input type="checkbox"/>	Goal AH-4. Increase the availability of affordable rental housing.
<input type="checkbox"/>	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
<input type="checkbox"/>	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
<input type="checkbox"/>	Goal AH-7. Increase housing options for persons with special needs .
<input type="checkbox"/>	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

<input type="checkbox"/>	Goal H-1. Assist homeless or at-risk persons with housing and services.
--------------------------	--

Community Development

<input type="checkbox"/>	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
<input type="checkbox"/>	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
<input type="checkbox"/>	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
<input type="checkbox"/>	Goal CD-4: Provide services to youths from low-mod income families.
<input checked="" type="checkbox"/>	Goal CD-5: Provide services to area seniors.
<input type="checkbox"/>	Goal CD-6: Provide other services to low-mod income persons.

3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

FOOD Share provides a bi-weekly supplemental bag of groceries to over 1500 low-income seniors countywide, including those residing in Moorpark.

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at http://portal.countyofventura.org/portal/page?_pageid=821,1098211&_dad=portal&_schema=PORTAL.

In Ventura County there is a growing prevalence of frail elderly who do not have the economic means to completely sustain them. Many of these individuals lack family and social networks and live on drastically low fixed incomes resulting in barren cupboards due to escalating costs of housing & medications.

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

FOOD Share will serve low-income seniors through our Brown Bag Program, which partners with local agencies or distribution points to serve supplemental bags of groceries. FOOD Share's food assistance will enable countywide seniors to utilize their small household budgets on other vital needs. FOOD Share will continue to serve over 28 low-income seniors each week City of Moorpark.

6. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

Despite living in the world's most bountiful food-producing country, the number of seniors who suffer from hunger in the United States is growing rapidly, according to The National Council on Aging. In addition, the USDA reports that more than three quarters of a million Americans over 65 and living alone have difficulty providing themselves with a steady supply of food and experience some degree of hunger.

In Ventura County, there continues to be the same parallel as the rest of the country. These seniors are economically insecure due to escalating costs of housing, fuel, medications and other necessities, preventing them from purchasing groceries, especially of a high nutritious quality.

The need for hunger services for low-income seniors is escalating with the correlating rise in Ventura County's population. Over the next five years, our county's current population of 800,000 is estimated to increase to 875,000. According to the 2000 census the fastest growing population segment is seniors aged 65 to 74 years of age. This cohort is expected to double by 2030 and the overall senior population is expected to increase by 30%. Of the 9.2% of individuals living in poverty in this county, 6.3% (68% of all those falling under the poverty line) are senior citizens.

In many cases, FOOD Share is the only major source of help to this population. In addressing the 2005 Consolidated Plan Goal CD-5 and CD-6, FOOD Share will serve seniors and low-income individuals through our Brown Bag Program. This weekly program will work with local partner agencies or distribution points to serve supplemental bags of groceries to seniors over the age of sixty and who qualify under strict income requirements. These individuals then pick up this food at the above listed locations. If delivery is necessary and available, then the bag can also be delivered to those residents with limited mobility. FOOD Share's food assistance will enable countywide seniors to utilize their small household budgets on other vital needs, such as healthcare, housing, transportation and other basic needs.

Another factor affecting the growing number of individuals needing service is the life expectancy of our senior population. FOOD Share remains steadfast through service and support through the long term. In a study conducted in recently, FOOD Share found that the average length of time a senior stays on the program is 14 years. This loyalty to the residents of the entire county is what makes FOOD Share so successful. FOOD Share works to increase the health of this vulnerable population by providing a variety of nutritious food bi-weekly through the Brown Bag program, whereby minimizing the risk of Type II Diabetes and other diet-related illnesses. The President of the National Council on Aging, James Firman, states, "Hunger can be life threatening...Hunger increases the risk for stroke, exacerbates pre-existing ill health conditions, limits the efficiency of many prescription drugs, and may affect brain chemistry increasing the incidence of depression and isolation."

000035

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

FOOD Share provides food supplies to low-and moderate-income seniors which enhances their living environment enabling them to provide other basic needs.

D. BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. Also attach a map.	No
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please attach blank intake form.	No
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please attach blank worksheet.	Yes
Presumed beneficiaries. Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	Yes
Other. Survey, other documentation (required documentation for other governmental programs, etc.). Please explain.	No

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? Yes

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	Yes
Asian	Yes
Black/African American	Yes
Native Hawaiian/Other Pacific Islander	Yes
White	Yes
American Indian/Alaskan Native & White	Yes
Asian & White	Yes
Black/African American & White	Yes
American Indian/Alaskan Native & Black/African American	Yes
Other Multi-Racial	Yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use.

N/A

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore	5,000.00	84.00	87.00	87.00
Moorpark	5,000.00	27.00	28.00	28.00
Ojai		26.00	27.00	27.00
Port Hueneme	4,000.00	77.00	80.00	80.00
Santa Paula	5,000.00	111.00	115.00	115.00
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	10,000.00	50.00	60.00	60.00
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	31,000.00	1,144.00	1,216.00	1,216.00
TOTAL	60,000.00	1,519.00	1,613.00	1,613.00

Indicate the source of your information:

Information is collected from annually updated client applications and monthly service reports.

E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	<input type="checkbox"/>
Organization Chart	<input type="checkbox"/>
List of the Board of Directors	<input checked="" type="checkbox"/>
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	<input type="checkbox"/>
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	<input type="checkbox"/>

Is this a "faith-based" organization? *Yes ___ or No ___

*Generally, a faith-based organization was founded or is inspired by faith or religion.

Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 3, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
General Donations & Direct Mail Revenue	30.000.00
Archstone Foundation	50.000.00
Martin V. & Martha K. Smith Foundation	25.000.00
Camarillo Health Care District	5.000.00
Area Agency on Aging	22.954.00
CDBG - County & Cities	20.000.00
Local cities (non-CDBG)	23.644.00
Amoen Foundation	48.000.00
Total FY 2008-09 Project Budget (NOT the entire organization budget)	224.598.00

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
General Donations & Direct Mail Revenue	12/31/09	31.200.00
Foundations	12/31/09	88.000.00
Camarillo Health Care District	12/31/09	5.000.00
Area Agency on Aging	12/31/09	23.872.00
Local cities (non-CDBG)	12/31/09	24.589.00
Total FY 2009-10 Project Budget (NOT the entire organization)		172.661.00

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

FOOD Share funds will be used to support the Brown Bag Coordinator position, as well as vehicle expenses and food costs.

Project Budget Summary for FY 2009-10 - Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	4,000.00	148,664.00	152,664.00
Personnel Fringe Benefits	0.00	0.00	0.00
Consultant/Contract Services	0.00	4,272.00	4,272.00
Travel, Mileage	0.00	22,841.00	22,841.00
Office Expenses (Space Rental, Insurance, Utilities, etc.)	1,000.00	48,349.00	49,349.00
Equipment (Rental, Lease or Purchase)	0.00	2,924.00	2,924.00
Other (Explain)			
TOTAL	5,000.00	227,050.00	232,050.00

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
Brown Bag Coordinator	100%	15.33	4,000.00
TOTAL			8,000.00

Budget Estimator (Name, Title, and Phone Number) :

Kristy Pollard, Grants Manager/Kristin Rupprecht, Controller

G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

FOOD Share

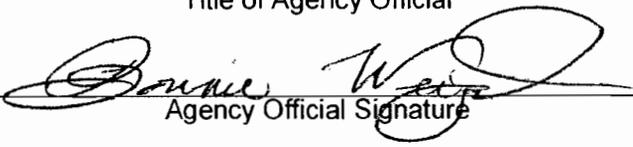
Name of Agency

Bonnie Weigel

Typed Name of Agency Official

CEO

Title of Agency Official



Agency Official Signature

12/29/2008

Date of Signature

(805) 983-7100

Telephone Number of Agency Official

bweigel@foodshare.com

E-mail Address of Agency Official

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

PUBLIC SERVICE PROJECT PROPOSAL

Submitted to CITY OF MOORPARK (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

1. Legal Name of Applicant Organization: Long Term Care Services of Ventura County, Inc.
2. Mailing Address: 2021 Sperry Avenue Suite 35 Ventura, CA Zip: 93003
3. Executive Director Name & Title: Sylvia Taylor Stein
4. Organization's Website Address: www.ombudsmanventura.org
5. Organization's Tax Payer ID #: 770199665
6. Contact Person Name & Title: Sylvia Taylor Stein
 - a. Phone: 805.656.1986 ext 13 FAX: 805.658.8540
 - b. E-mail Address: staylor@ombudsmanventura.org
7. Title of Proposed Project: Ombudsman Program
 - a. Address/Service Area of Proposed Project: 2021 Sperry Avenue Suite 35 Ventura, CA Zip: 93003
 - b. Amount Requested for this Project: \$ 4,000

For City / County Use Only			
Date Received: <u>12/29/9</u>	Time:	Signature: 	Application Complete?

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B. PROJECT INFORMATION

1. Will the proposed activity....:

- | Yes | No | |
|-------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Help prevent homelessness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Help the homeless? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help those with HIV or AIDS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura – Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

	Goal AH-1. Increase the availability of affordable owner housing.
	Goal AH-2. Improve the quality of owner housing through rehabilitation.
	Goal AH-3. Improve the quality of owner housing through code enforcement .
	Goal AH-4. Increase the availability of affordable rental housing.
	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
	Goal AH-7. Increase housing options for persons with special needs .
	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

	Goal H-1. Assist homeless or at-risk persons with housing and services.
--	--

Community Development

	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
	Goal CD-4: Provide services to youths from low-mod income families.
X	Goal CD-5: Provide services to area seniors.
	Goal CD-6: Provide other services to low-mod income persons.

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3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

Long Term Care Ombudsman provide unduplicated service to frail elderly in long term care facilities by fighting for their rights and needs

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at CDBG/HOME/ESG Grant Application Process and Forms.

Community Development & Public Service #5 Service to Seniors

60% of our Clients have outlived their family and friends or have no family or friends who ever visit them; the Ombudsman may be the only advocate or extended family member they have for the rest of their lives. Average age 84; 90% physically or mentally disabled; 75% receiving Medi-Cal or SSI

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

Funds will be used to support the ongoing work of the ombudsman program. As ombudsman we make unannounced visits to nursing and assisted living homes in the county; investigate residents' complaints and fight for their right to a quality of life and care. As their advocate the ombudsman represents their express wish and works to resolve problems on their behalf before facility administration and their own families who may not be acting in good faith

6. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

The work of the Ombudsman Program is continuous and ongoing. The federal mandate under which we operate stipulates that we monitor long term care facilities and investigate complaints on behalf of the elderly persons there. When this program began in 1981 there were 12 facilities countywide. Today there are 217 with 7,500 residents. With annual turnover that number translates to 8,500 residents we serve per year in the county. We serve approximately 150 seniors in long term care in Moorpark.

The federal mandate also states that we only have to visit each facility one time per year and investigate complaints as they are brought to our attention. The founders of the Ventura County program set their own mandate of weekly/monthly monitoring visits for each facility in the county. This is still our goal and this practice of excellent ombudsman advocacy has made the Ventura program a model for the State.

Ombudsmen provide the following services:

FACILITY MONITORING/COMPLAINT RESOLUTION... a mandated service in which trained California State Certified Ombudsmen staff and volunteers monitor long term care facilities during unannounced visits, observe levels of care and advocate for residents

ELDER ABUSE INVESTIGATION... a mandated service in which Ombudsmen investigate and work to resolve complaints that may include physical, psychological, fiduciary or verbal abuse.

ADVANCED HEALTH CARE DIRECTIVES... a mandated service requiring that a Certified Ombudsman witness the execution of AHCD in nursing homes

PRE-PLACEMENT COUNSELING... informs, supports and educates those who may be considering the placement of themselves or a loved one in long term care.

FAMILY SUPPORT GROUPS... provide a safe setting in which relatives or caregivers of those who have been placed in long term care facilities may express feelings and support each other.

OMBUDSMAN TRAINING AND CERTIFICATION... a mandated function of the long term care in which Ombudsmen receive 51 hours of intensive training prior to becoming state certified

FACILITY IN-SERVICES... mandated sessions that educate facility staff on elder abuse prevention, resident rights and the Ombudsman's role in long term care.

INFORMATION AND REFERRAL... supplies the community at large with information about long-term care issues and services while providing for residents and their families linkages with other resources in the community.

COMMUNITY EDUCATION... provides long term care information in the form of workshops or presentations to community members on long term care issues.

CAREGIVER TRAINING AND SUPPORT PROGRAM... provides support groups, education, one-on-one caregiver training and support for in home unpaid caregivers.

OPERATION SENIOR SANTA... a project whereby a holiday gift is hand delivered to the the more needy and friendless residents in Ventura County skilled nursing homes at the holidays.

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C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

Residents have a better quality of life and quality care as a result of the presence of the Ombudsman in their facilities.

Regular access to the ombudsman provides residents with an advocate to whom they can share their concerns and issues. Residents have an advocate who will keep their confidence and work on their behalf to resolve complaints; Residents in skilled nursing facilities have an ombudsman to help ensure their end of life requests are carried out via their advanced health care directive, as the ombudsman must confer with them to make sure the directive expresses their true wishes and witness their signature thereto. Families have a resource via education, support groups, and caregiver support to provide their loved ones with more information in which to help their loved ones.

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D. BENEFICIARY INFORMATION

1. How does (will) your organization verify income eligibility of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	Elderly persons in long term care
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? Yes*

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	NO
Asian	NO
Black/African American	NO
Native Hawaiian/Other Pacific Islander	NO
White	NO
American Indian/Alaskan Native & White	NO
Asian & White	NO
Black/African American & White	NO
American Indian/Alaskan Native & Black/African American	NO
Other Multi-Racial	NO

Does your organization use any other Race categories? If yes, please explain and attach any forms you use. NO

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

*Ombudsmen are federally mandated to provide services confidentially and free of charge to all seniors regardless of race or ethnicity. We inquire regarding race/ethnicity when appropriate and as necessary in the fulfillment of our duties. By federal law we cannot access records without consent, and since 70% of our clients have varying degrees of dementia and cannot provide consent or accurate information, they are not a reliable source of race/ethnicity data.

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Our most reliable source for race/ethnicity are Ombudsman observations and communication when they are in the facilities visiting the residents. These observations are included in reports when appropriate to fulfill ombudsman duties

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore	\$ 4,000	274	275	193
Moorpark	\$ 4,000	145	150	105
Ojai	\$ 5,000	678	680	475
Port Hueneme	\$ 4,000	338	340	235
Santa Paula	\$ 4,000	238	240	170
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	\$15,000	426	450	310
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	\$62,000	9029	9100	6370
TOTAL	\$98,000	11,128	11,235	7,860
Indicate the source of your information: Long Term Care Services statistical reports; ombudsman reports, Ombudsmanager; VCAA statistics;				

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E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience Per Instructions, don't complete

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

Per Instructions, don't complete

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	

Financial Management

Per Instructions, don't complete

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Is this a "faith-based" organization? *Yes _____ or No X _____

*Generally, a faith-based organization was founded or is inspired by faith or religion.

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Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 6, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
VCAAA	\$161,000
CDBG	\$58,232
United Way	\$7,596
Foundations, Grants, Fundraising	\$56,922
Municipalities, Social Services	\$22,500
In-Kind Services	\$120,000
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$426,250

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
VCAAA	Monthly 7/09-6/10	\$ 90,000
CDBG	Quarterly 7/09-6/10	\$ 71,000
Municipalities, Social Services	Quarterly 7/09-6/10	\$ 20,000
United Way	Monthly 7/09-6/10	\$ 7,000
Foundations, Grants, Fundraising	Quarterly 7/09-6/10	\$ 130,000
In-Kind Services	Monthly 7/09-6/10	\$ 120,000
Total FY 2009-10 Project Budget (NOT the entire organization)		\$438,000

We are a sole source provider and our budget is for the Ombudsman Program only

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F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

Core support for the Ombudsman program in providing volunteer recruitment, training, mentoring, and ongoing education to ensure volunteers and staff ombudsmen retain their state certification. Volunteer mileage reimbursement

Project Budget Summary for FY 2009-10 – Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	3,218	182,632	185,850
Personnel Fringe Benefits	456	20,844	21,300
Consultant/Contract Services		22,000	22,000
Travel, Mileage	326	17,524	17,850
Office Expenses (Space Rental, Insurance, Utilities, etc.)		29,500	29,500
Equipment (Rental, Lease or Purchase)		3,000	3,000
Other (Explain) See Exhibit I		158,500	158,500
TOTAL	4,000	434,000	438,000

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
Field Services Coordinator	55 hrs	\$22/hr	1,210
Complaint Resolution Coordinator	55 hrs	\$20/hr	1,100
Administrative Asst/Volunteer Support	55 hrs	\$16.50/hr	908
TOTAL			3,218

Budget Estimator (Name, Title, and Phone Number) :

Dana Kearney, CPA, Bratton, McMorro, Kearney CPA's
Board of Directors Treasurer 805.701.8670

Dana Kearney 12-24-08

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G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Long Term Care Services of Ventura County, Inc.,

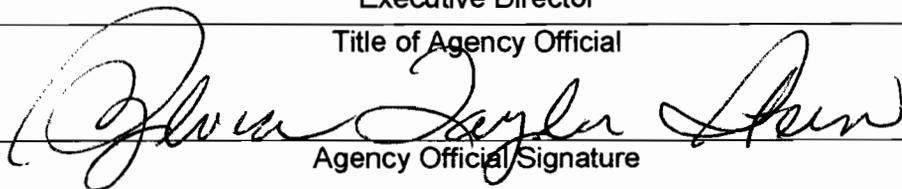
Name of Agency

Sylvia Taylor Stein

Typed Name of Agency Official

Executive Director

Title of Agency Official



Agency Official Signature

12/24/08

Date of Signature

805.656.1986 ext 13

Telephone Number of Agency Official

staylor@ombudsmanventura.org

E-mail Address of Agency Official

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B. PROJECT INFORMATION

1. Will the proposed activity...:

- | Yes | No | |
|-------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help prevent homelessness? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help the homeless? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help those with HIV or AIDS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura - Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

<input type="checkbox"/>	Goal AH-1. Increase the availability of affordable owner housing.
<input type="checkbox"/>	Goal AH-2. Improve the quality of owner housing through rehabilitation.
<input type="checkbox"/>	Goal AH-3. Improve the quality of owner housing through code enforcement .
<input type="checkbox"/>	Goal AH-4. Increase the availability of affordable rental housing.
<input type="checkbox"/>	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
<input type="checkbox"/>	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
<input type="checkbox"/>	Goal AH-7. Increase housing options for persons with special needs .
<input type="checkbox"/>	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

<input type="checkbox"/>	Goal H-1. Assist homeless or at-risk persons with housing and services.
--------------------------	--

Community Development

<input type="checkbox"/>	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
<input type="checkbox"/>	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
<input type="checkbox"/>	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
<input type="checkbox"/>	Goal CD-4: Provide services to youths from low-mod income families.
<input checked="" type="checkbox"/>	Goal CD-5: Provide services to area seniors.
<input checked="" type="checkbox"/>	Goal CD-6: Provide other services to low-mod income persons.

00055

3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

To provide medical hospice care to low income patients and their families who would not otherwise be able to afford hospice and hospice related services

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at http://portal.countyofventura.org/portal/page?_pageid=821,1098211&_dad=portal&_schema=PORTAL.

LHHF will help the unmet community need for Moorpark by providing no-cost medical hospice care to low-income and senior citizen patients and their families who are uninsured, under insured or have exhausted their personal resources and are unable to pay for hospice and hospice related services that are not covered by insurance.

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

Our project and goal is to provide direct medical hospice care to as many low-income Moorpark residents and their families as our funds will allow. These are patients that are uninsured, under insured or have exhausted their personal resources. This help can be in the form of skilled nursing days, supplemental care giving hours in the home, payment for medications and durable medical equipment not covered by insurance, or assist with cremation or funeral expenses.

000056

6. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

Our project and goal is to provide direct medical hospice care to low-income terminally ill patients who cannot afford hospice because they are either uninsured, under insured or have exhausted their personal resources. This help can be in the form of skilled nursing days in a facility, supplemental caregiver hours in the home, payment for durable medical equipment and medications not covered by insurance, or help with cremation or funeral expenses. So many families are devastated by a diagnosis of a terminal illness. In many cases they exhaust all of their personal resources in fighting their disease. When they become hospice patients they have no other financial means to help with hospice related expenses. By this time the family is exhausted and desperately needs help. This help could be in the form of respite care, or the cost of putting their loved one in a skilled facility which is very expensive. Many times children are involved and the family does not want their loved one to die in the home or witness the last days of the hospice patients' journey. In those cases we place the patient in a home-like facility and make sure they are in a warm environment surrounded by their loved ones, receiving continuous pain management and care. After the patient dies, some families do not even have the means to pay for cremation or funeral expenses. This is where the Foundation can step in and help with some of these expenses. Our hope is to insure every low-income hospice patient has the quality of life when the quantity of life is limited.

00057

D. BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. <u>Also attach a map.</u>	No
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	Yes
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	Yes
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	No
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	No

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions.

Do you request information on whether your clients are of Hispanic ethnicity? Yes

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions.

Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	Yes
Asian	Yes
Black/African American	Yes
Native Hawaiian/Other Pacific Islander	Yes
White	Yes
American Indian/Alaskan Native & White	Yes
Asian & White	Yes
Black/African American & White	Yes
American Indian/Alaskan Native & Black/African American	Yes
Other Multi-Racial	Yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use.

NO

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

00058

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance outcome categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

Through the CDBG grant money we receive we are able to help low-income hospice patients receive hospice services that can aid the patient and their family through very difficult end of life issues. Patients on hospice service also do not need to have difficult emergency room visits during a crisis as we have our entire hospice team available 24/7. LHHF is also affiliated with a ten bed hospice certified skilled nursing facility located in Moorpark which can provide respite care for the terminally ill low-income hospice patient which can give great relief to the family. We also provide no-cost bereavement and grief support groups at our offices in Moorpark the first Wednesday of every month. These services will enhance the well being of Moorpark residents that are facing end of life issues.

000059

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore				
Moorpark	4,000.00	8.00	8.00	8.00
Ojai				
Port Hueneme				
Santa Paula				
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)				
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	4,000.00	10.00	10.00	10.00
TOTAL	8,000.00	18.00	18.00	18.00
Indicate the source of your information: <u>Intake reports and CDBG quarterly reports</u>				

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E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	Calendar Year
Date of your organization's most recently completed audit. (Month/Year)	August 2008
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	Jan. 2007 - Dec. 2007
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	Yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	Yes
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	Yes
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	Yes

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	<input checked="" type="checkbox"/>
Organization Chart	<input checked="" type="checkbox"/>
List of the Board of Directors	<input checked="" type="checkbox"/>
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	<input checked="" type="checkbox"/>
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	<input checked="" type="checkbox"/>

Is this a "faith-based" organization? *Yes ___ or No X

*Generally, a faith-based organization was founded or is inspired by faith or religion.

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Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 3, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
City of Moorpark CDBG	4,000.00
Donations, Fundraising events, Foundations	500.00
Total FY 2008-09 Project Budget (NOT the entire organization budget)	

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
Bank of America Foundation	04/01/2009	5,000.00
Aaroe Foundation	08/03/2009	1,000.00
Sage Publications	11/30/2008	1,500.00
Total FY 2009-10 Project Budget (NOT the entire organization)		7,500.00

000062

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

When we use our grant money it is spent on caregivers in order to give our hospice patients and families additional support in addition to our hospice team. It is also used to place a patient in a skilled nursing facility when the situation warrants, and we financially assist with cremation and funeral expenses.

Project Budget Summary for FY 2009-10 - Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	0.00	0.00	0.00
Personnel Fringe Benefits	0.00	0.00	0.00
Consultant/Contract Services	0.00	0.00	0.00
Travel, Mileage	0.00	0.00	0.00
Office Expenses (Space Rental, Insurance, Utilities, etc.)	0.00	0.00	0.00
Equipment (Rental, Lease or Purchase)	0.00	0.00	0.00
Other (Explain)	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
			0.00
TOTAL			0.00

Budget Estimator (Name, Title, and Phone Number) :

Diane Scruton, Executive Director

G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Loving Heart Hospice Foundation

Name of Agency

Shelley Chilton

Typed Name of Agency Official

President, LHHF Board of Directors

Title of Agency Official

Shelley Chilton

Agency Official Signature

12/19/08

Date of Signature

(805) 517-1652

Telephone Number of Agency Official

shelleychilton@sbcglobal.net

E-mail Address of Agency Official

000064

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

CODE ENFORCEMENT AND/OR HOUSING REHABILITATION PROJECT PROPOSAL

Submitted to Moorpark, CA (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

1. Legal Name of Applicant Organization: Lutheran Social Services of Southern California
2. Mailing Address: 2560 N. Santiago Blvd., Orange, CA 92867
Ventura Office, 80 E. Hillcrest #101, Thousand Oaks, CA 91360
3. Executive Director Name & Title: Rev. Bob Warren, CEO
4. Organization's Website Address: lsssc.org
5. Organization's Tax Payer ID #: 95-2225798
6. Contact Person Name & Title: Patricia Digre, Contracts Administrator
 - a. Phone: (714)685-1800 FAX: (714) 279-8216
 - b. E-mail Address: pdigre@lsssc.org
7. Title of Proposed Project: Caring Neighbors Minor Home Repair Program
 5. Address/Service Area of Proposed Project: 80 E. Hillcrest Drive #101, Thousand Oaks, CA serving the city of Moorpark
 6. Amount Requested for this Project: \$17,500

For City / County Use Only			
Date Received:	Time:	Signature:	Application Complete?
12/30/8			

000065

B. PROJECT INFORMATION

1. Will the proposed activity...:

Yes	No	
x	<input type="checkbox"/>	Help prevent homelessness?
<input type="checkbox"/>	x	Help the homeless?
<input type="checkbox"/>	x	Help those with HIV or AIDS?
<input type="checkbox"/>	x	Help the disabled?

2. Select **ONE** of the following County Of Ventura – Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

	Goal AH-1. Increase the availability of affordable owner housing.
x	Goal AH-2. Improve the quality of owner housing through rehabilitation.
	Goal AH-3. Improve the quality of owner housing through code enforcement .
	Goal AH-4. Increase the availability of affordable rental housing.
	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
	Goal AH-7. Increase housing options for persons with special needs .
	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

	Goal H-1. Assist homeless or at-risk persons with housing and services.
--	--

Community Development

	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
	Goal CD-3: Enhance code enforcement and housing rehabilitation by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
	Goal CD-4: Provide services to youths from low-mod income families.
x	Goal CD-5: Provide services to area seniors.
	Goal CD-6: Provide other services to low-mod income persons.

00066

- 1) Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

The Caring Neighbors program will make minor home repairs and do yard cleanup for low income seniors living in their own homes

Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at CDBG/HOME/ESG Grant Application Process and Forms.

Low income seniors in Ventura County often live in their own homes but due to lack of funds or decreasing health or strength are unable to make repairs to their homes or clean up their yards. Minor hazards may lead to slip and fall accidents, and to hospitalization. The senior may be able to continue to live independently with a little help from a local volunteer, or/and more assistance from senior services available to them but not accessed by them.

- 2) Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

The Caring Neighbors program will visit the home of the senior requesting help to assess the needed repair and at the same time see if there are other services needed such as food or transportation. The repair will improve the safety of the house they live in. Seniors are often injured in their own homes due to slips and falls and face hospitalization and loss of independence. Caring Neighbors will also improve the appearance of the house in the neighborhood by cleaning up the yard. This makes the neighborhood more likely to be crime free. The volunteers will be local, hopefully improving the informal social supports to the senior in their own community.

000067

7. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

Lutheran Social Services of Southern California has been operating Caring Neighbors programs in the San Diego area for many years, using CDBG funds.

Using a paid staff coordinator who receives referrals and recruits local volunteers, the program makes minor home repairs for low income seniors who live in their own homes. Minor home repairs include such things as broken or loose tiles or steps, broken or non working faucets, broken light fixtures, or other such items which can be a hazard to safe and healthful living for seniors who are unable to make the repairs themselves. The coordinator works closely with the senior center and its staff who often receive calls from seniors for just such help. Yard cleanup is another part of the program. The coordinator recruits local volunteers from the community, including the churches, who are able to provide these services.

The volunteer coordinator will be based at the Ventura County Area Office of LSS in Thousand Oaks. The staff will work closely with the senior services staff in Moorpark, and whenever a referral is received, the coordinator will make a home visit to see what is requested and whether the Caring Neighbors program can help. (Major repairs, such as building ramps, or renovations to the structure, are not budgeted in this program.) As the coordinator visits with the senior, they may also note other needs such as transportation, meals or assistance with health care. They will then connect the senior in need with the senior services staff who may be able to help with that particular need.

The purpose of the Caring Neighbors program is to help seniors remain in their homes as long as possible, by helping to provide a safe and healthy environment. Seniors who wish to remain in their own community and are able to do so with just a little help generally remain happier and healthier, and are less likely to experience injuries such as slipping and falling, which often lead to broken bones and hospitalization, and possibly to nursing home care.

Seniors who are living in their own homes and do not wish to leave or who cannot afford to sell their homes will be supported with minor home repairs they are unable to do themselves. By connecting them with local volunteers and local senior services they will benefit from being able to live in their own communities and maintain and improve their social connections.

000068

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

By making minor repairs leading to increased safety in a low income senior's home, and by helping with yard cleanup, the Caring Neighbors program will support the senior to be able to remain in their own homes for a longer period of time. By connecting people with other services offered by the senior services programs in the community, such as transportation, meals and help with health care, the senior is more likely to live a happier and healthier life and to remain independent for a longer period of time.

When local volunteers are used to help make repairs and to help with yard cleanup, they will become more aware of the people in need in their own community and even hopefully form informal bonds with the senior. When a neighborhood begins to improve its appearance and people begin to meet neighbors, there is often an increased feeling of pride and responsibility for the neighborhood. This often leads to decreased crime and blight.

000069

BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

<p>Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. <u>Also attach a map.</u></p>	
<p>Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u></p>	<p>We also use an intake form</p>
<p>Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u></p>	
<p>Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.</p>	<p>Yes, Elderly Persons</p>
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u></p>	

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? Yes, we use a intake form which gathers information on race, ethnicity, income status, age group, name, address, phone number, and a general description of the need as defined by the person or referral source.

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

<p>American Indian/Alaskan Native</p>	<p>yes</p>
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00070

Asian	Yes
Black/African American	Yes
Native Hawaiian/Other Pacific Islander	Yes
White	Yes
American Indian/Alaskan Native & White	Yes
Asian & White	Yes
Black/African American & White	Yes
American Indian/Alaskan Native & Black/African American	Yes
Other Multi-Racial	Yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use. No

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore	\$			
Moorpark	\$17,500		30	30
Ojai	\$			
Port Hueneme	\$		30	30
Santa Paula	\$17,500			
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	\$			
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	\$			

000071

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
TOTAL	\$35,000		60	60
Indicate the source of your information: Experience with other Caring Neighbors programs				

000072

5. Housing Rehabilitation

How many housing units do you anticipate rehabilitating during the program year? _____

How many will be CDBG funded if requested funds are received? _____

Is your housing rehabilitation program targeted to a specific area? If yes, please identify area (streets, census tracts, etc.) and attach map.

3) Code Enforcement

Of your total Code Enforcement Program (which may address an entire City or the Unincorporated Area) what area is targeted with the CDBG funds, i.e., Census Tracts, Block Groups, Redevelopment Area, etc.? Please attach map indicating the area(s).

Is the CDBG funded portion of your Code Enforcement Program eligible for CDBG funding because the targeted area identified above has been documented to be more than 51% low-income? If "Yes", skip next question. Yes _____ No _____

If the CDBG funded portion of your Code Enforcement Program is eligible due to the condition of the area, i.e., slum and blight, Redevelopment Area, etc., please explain.

In the CDBG funded portion of your Code Enforcement Program which addresses a target area, how many cases do you anticipate closing in the program year? If funded, this number will be your goal for the Annual Plan. Anticipated Closed Cases _____

Describe how your Code Enforcement Program ensures that its efforts together with public or private improvement, rehabilitation, or services may be expected to arrest the decline of the (targeted) area.

000073

E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Caring Neighbors /Chula Vista,	07/08	\$20,000
CDBG	Emergency Services/Thousand Oaks	07/08	\$19,793
CDBG	Caring Neighbors/Escondido	07/08	\$15,000
CDBG	Senior Companions/San Diego	10/07-9/09	\$207,114

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	January to December
Date of your organization's most recently completed audit. (Month/Year)	4/17/08
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	2006, 2007
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	Yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	Yes
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	Yes
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	Yes

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	x
Organization Chart	x
List of the Board of Directors	x
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	x
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	x

000074

Is this a "faith-based" organization? *Yes or No

*Generally, a faith-based organization was founded or is inspired by faith or religion.

Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 6, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
	\$
This project has not been funded for the Ventura County area in 08/09	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
Simi Valley	July 1, 2009	\$ 24,000
Moorpark	July 1, 2009	\$ 17,500
Santa Paula	July 1, 2009	\$ 17,500
		\$
Other revenue (donations, fund raising, etc.)		\$ 7,096
		\$
		\$
		\$
		\$
Total FY 2009-10 Project Budget (NOT the entire organization)		\$ 66,096

000075

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

Costs of parts for minor home repairs (no tools); ¼ FTE Coordinator, travel and related operating and administrative costs

Project Budget Summary for FY 2009-10 – Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	9,048	27,144	36,192
Personnel Fringe Benefits	1,629	4,886	6,515
Consultant/Contract Services			
Travel, Mileage	1,018	3,054	4,072
Office Expenses (Space Rental, Insurance, Utilities, etc.)	1,500	4,500	6,000
Supplies, materials for repairs	2,500	4,000	6,500
Other (Explain) Indirect Cost 11.5%	1,805	5,012	6,817
TOTAL	17,500	48,596	66,096

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
Program Coordinator (.25 FTE)	10 hrs	\$15	\$7,800
Area Director Supervision (.025)	1 hr	\$24	\$1,248
TOTAL	11	\$15 - \$24	\$9,048

Budget Estimator (Name, Title, and Phone Number) :

Loyal Sharp, CFO, (714)685-1800

000076

G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

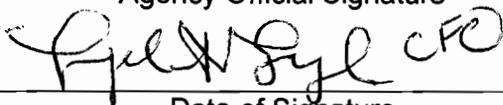
The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Name of Agency
Lutheran Social Services of Southern California

Typed Name of Agency Official
Loyal Sharp

Title of Agency Official
Chief Financial Officer

Agency Official Signature


Date of Signature
December 30, 2008

Telephone Number of Agency Official
(714) 685-1800

E-mail Address of Agency Official
lsharp@lsssc.org

000077

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

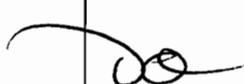
PUBLIC SERVICE PROJECT PROPOSAL

Submitted to City of Moorpark (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

1. Legal Name of Applicant Organization: County of Ventura Human Services Agency
2. Mailing Address: 855 Partridge Drive, Ventura, CA Zip: 93003
3. Executive Director Name & Title: Barry L. Zimmerman - Director
4. Organization's Website Address: www.vchsa.org
5. Organization's Tax Payer ID #: 95-6000944
6. Contact Person Name & Title: Marissa P. Mach- AFS Senior Program Manager
 - a. Phone: 805-477-5325 FAX: 805-477-5386
 - b. E-mail Address: marissa.mach@ventura.org
7. Title of Proposed Project: RAIN Project Transitional Living Center
 - a. Address/Service Area of Proposed Project: Countywide
 - b. Amount Requested for this Project: \$ 5,000

For City/ County Use Only			
Date Received: <u>12/19/8</u>	Time:	Signature: 	Application Complete?

000078

B. PROJECT INFORMATION

1. Will the proposed activity...:

- | Yes | No | |
|-------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help prevent homelessness? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help the homeless? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help those with HIV or AIDS? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura – Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

	Goal AH-1. Increase the availability of affordable owner housing.
	Goal AH-2. Improve the quality of owner housing through rehabilitation.
	Goal AH-3. Improve the quality of owner housing through code enforcement .
	Goal AH-4. Increase the availability of affordable rental housing.
	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
	Goal AH-7. Increase housing options for persons with special needs .
	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

X	Goal H-1. Assist homeless or at-risk persons with housing and services.
----------	--

Community Development

	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
	Goal CD-4: Provide services to youths from low-mod income families.
	Goal CD-5: Provide services to area seniors.
	Goal CD-6: Provide other services to low-mod income persons.

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3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

RAIN Project provides transitional housing for homeless families and single adults Countywide. Residents are transitioned to permanent housing through case management and supportive services in-house.

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at CDBG/HOME/ESG Grant Application Process and Forms.

The VC Homeless and Housing Coalition's 2007 Homeless Count determined that on any given day, 13 (all adults) , were from City of Moorpark, all living on the street, men- 92.3%, women-7.7%, Hispanic/Latino-77.7%,White- 22.3%. Increasing numbers stresses the need for transitional/ affordable long-term housing in Ventura County.

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

RAIN Project, operational 24/7, is the only transitional living center in Ventura County that provides transportation. Primary transportation hours are from 6:00 a.m. to 10:00 p.m., but available 24/7 as needed. Residents are transported to multiple locations: job search, places of employment, and medical examinations. Children are transported to day care or school.

Funds requested will be utilized to partially pay for vehicle gas/diesel fuel for transporting residents.

000080

5. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

This project responds to the 2005 Consolidated Plan Goal H-1 ("To assist homeless or at-risk persons with housing and services") in the "Services for Homeless Individual/Families" section. The RAIN Project's emphasis on life skills help guarantee that self-sufficiency will be maintained once it is achieved.

The RAIN Project has served over 2,000 homeless adults and children since 1997. The Ventura County Homeless and Housing Coalition's 2007 Homeless Count determined that on any given day there are 1,961 adults and children in Ventura County who meet the HUD definition of homelessness. Of the 1,961 people counted, 75% were determined to be living on the street (not living in a facility), stressing the need for transitional and affordable long term housing in Ventura County. The majority of homeless individuals are unemployed for a myriad of reasons including: lack of transportation, either public or private; lack of appropriate clothing and/or equipment; limited or no access to bathing facilities or hygiene products; criminal records; poor self-esteem; substance abuse history and addiction; lack of marketable skills; limited job search skills; poor interpersonal skills; functional illiteracy and/or untreated medical/psychological problems.

The RAIN Project provides various programs to address these issues and assists individuals in finding employment while developing the life skills essential for self-sufficiency. Program offerings range from intensive case management, counseling, employment related services, medical services, parenting classes and cultural, social and recreational activities. These services and activities ultimately enhance the experience of residents, by providing a homelike, supportive atmosphere for adults and children alike. This comprehensive approach also promotes parent-child attachment and strengthens family bonds.

RAIN's mission is to end homelessness one person at a time by providing a safe and nurturing environment to renew hope, restore dignity, and strengthen family bonds. All of these elements are essential to end the cycle of homelessness, poverty, unemployment, household violence, trauma, and addiction. In order for individuals to become self-sufficient, they must have assistance in locating appropriate community resources, obtaining employment, and with RAIN's mandatory savings plan, the opportunity to save the money necessary for deposits and move-in expenses to permanent housing. A vital component to the long-term success of our residents is the continuum of care provided by comprehensive case management services.

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

The RAIN Project is a transitional living center serving homeless families and single adults from throughout the entire Ventura County region. The RAIN Project has 22 rooms, 14 for families, 6 for singles and 2 respite rooms (respite care residents are those exiting local hospitals that require a place to recuperate). RAIN residents typically stay for ten to 12 months as they stabilize emotionally and economically and begin a path to self-sufficiency. RAIN provides an all encompassing safety net for individuals or families in transition. Intensive case management and counseling services assist the family to identify and meet their goals for family emotional and economic stability. RAIN residents participate in a mandatory savings program to establish funds to obtain permanent housing. There are a wide variety of Life Skills classes that cover subjects such employment, budgeting, credit repair, parenting , and housing search. Special services are provided on site for relapse recovery. All these programs play a critical role in establishing a path to economic self-sufficiency and stability.

00082

D. BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. Also attach a map.	No
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please attach blank intake form.	No
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please attach blank worksheet.	No
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	Yes Homeless Persons
Other. Survey, other documentation (required documentation for other governmental programs, etc.). Please explain.	N/A

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? X Yes ___

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	Yes
Asian	Yes
Black/African American	Yes
Native Hawaiian/Other Pacific Islander	Yes
White	Yes
American Indian/Alaskan Native & White	Yes
Asian & White	Yes
Black/African American & White	Yes
American Indian/Alaskan Native & Black/African American	Yes
Other Multi-Racial	Yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use. NO

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

000083

4. **Location of Beneficiaries** - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore	\$ 5,000	7	7	7
Moorpark	\$ 5,000	10	10	10
Ojai	\$	8	8	8
Port Hueneme	\$ 5,000	8	8	8
Santa Paula	\$ 5,000	2	2	2
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	\$	8	5	5
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown) County of Ventura	\$ 73,800	85	85	85
TOTAL	\$ 93,800	128	125	125
Indicate the source of your information: Program experience, client files, and shelter survey.				

E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Please see Attachment 1

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	July through June
Date of your organization's most recently completed audit. (Month/Year)	June 2007
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	July 2006- June 2007
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	Yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management

N/A

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	
Organization Chart see Attachment 2	X
List of the Board of Directors see Attachment 3	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured." see Attachment 4	X

Is this a "faith-based" organization? *Yes _____ or No **X** _____

*Generally, a faith-based organization was founded or is inspired by faith or religion.

000085

Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 6, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
County of Ventura - CDBG	\$ 48,370
County of Ventura - HOME	\$ 5,000
City of Fillmore - CDBG	\$ 1,000
City Moorpark - CDBG	\$ 4,850
City of Port Hueneme - CDBG	\$ 3,000
City of Santa Paula - CDBG	\$ 5000
City of Camarillo - CDBG	\$ 5,506
City of Simi Valley - CDBG	\$ 1,508
CoC SHP County - HUD	\$ 217,276
CoC SHP City of Oxnard - HUD	\$ 168,795
Health Care- Public Health - State	\$ 20,000
Other funds-contributions/donations	\$ 10,000
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$ 490,305

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
CoC SHP County- HUD	July 2009	\$ 217,276
CoC SHP City of Oxnard-HUD	July 2009	\$ 168,795
Health Care- Public Health-State	July 2009	\$ 20,000
Other funds-contributions/donations	July 2009	\$ 10,000
		\$
		\$
		\$
		\$
		\$
Total FY 2009-10 Project Budget (NOT the entire organization)		\$ 416,071

000086

F. PROJECT BUDGET

Briefly describe what this grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

Funds requested will be utilized to partially pay for vehicle gas/diesel fuel for transporting residents to multiple locations.

Project Budget Summary for FY 2009-10 – Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)			
Personnel Fringe Benefits			
Consultant/Contract Services			
Travel, Mileage			
Office Expenses (Space Rental, Insurance, Utilities, etc.)			
Equipment (Rental, Lease or Purchase)			
Other (Explain) Vehicle Gas/Diesel Fuel for Resident Transportation	\$ 5,000	\$ 28,800	\$ 33,800
TOTAL	\$ 5,000	\$ 28,800	\$ 33,800

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
TOTAL			

Budget Estimator (Name, Title, and Phone Number) :

Margaret F. Reyes, Resource Development Specialist, Tel. No. 805-477-5439

000087

G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

County of Ventura Human Services Agency

Name of Agency

Barry L. Zimmerman

Typed Name of Agency Official

Director

Title of Agency Official



Agency Official Signature

12/12/08

Date of Signature

805-477-5301

Telephone Number of Agency Official

barry.zimmerman@ventura.org

E-mail Address of Agency Official

000088

B. PROJECT INFORMATION

1. Will the proposed activity?:

- | Yes | No | |
|--------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help prevent homelessness? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help the homeless? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help those with HIV or AIDS? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura - Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

<input type="checkbox"/>	Goal AH-1. Increase the availability of affordable owner housing.
<input type="checkbox"/>	Goal AH-2. Improve the quality of owner housing through rehabilitation.
<input type="checkbox"/>	Goal AH-3. Improve the quality of owner housing through code enforcement .
<input type="checkbox"/>	Goal AH-4. Increase the availability of affordable rental housing.
<input type="checkbox"/>	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
<input type="checkbox"/>	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
<input type="checkbox"/>	Goal AH-7. Increase housing options for persons with special needs .
<input type="checkbox"/>	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

<input type="checkbox"/>	Goal H-1. Assist homeless or at-risk persons with housing and services.
--------------------------	--

Community Development

<input checked="" type="checkbox"/>	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
<input type="checkbox"/>	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
<input type="checkbox"/>	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
<input type="checkbox"/>	Goal CD-4: Provide services to youths from low-mod income families.
<input type="checkbox"/>	Goal CD-5: Provide services to area seniors.
<input type="checkbox"/>	Goal CD-6: Provide other services to low-mod income persons.

3. **Property Information** - Complete applicable items for all construction projects (including acquisition, rehabilitation, and demolition).

Who (agency name) is the legal owner of the property? City of Moorpark

If you are pursuing site control, please explain the status of the process.

Who (agency name) will be the final owner of the property? City of Moorpark

Square footage of proposed building or building addition: 25,000

Square footage of construction site parcel: 87,120

Length of improvements if street, water, or sewer project: _____

Service capacity of existing facility: n/a- new construction

Improved capacity of the facility: n/a

Age of structure: _____ Historic status: n/a

4. **Fair Labor Standards Act Compliance** - Construction projects over \$2,000 must pay prevailing wage rates. If applicable to your project, answer the following questions:

Who (person) will administer your Davis-Bacon compliance?

Contact name n/a - no funds to be used for actual construction costs

Phone number _____ Fax Number _____

E-mail Address _____

5. **Implementation Schedule** - Attach a separate page if necessary

Major Milestones	Month/Year to Begin	Month/Year to End
Purchase of Land	April 2003	April 2003
Architectural Design and Engineering	January 2006	January 2008
Building Department Plan Check	December 2008	February 2009
Bidding Phase	February 2009	April 2009
Construction Begins	April 2009	July 2010

6. **Beneficiaries** of this Project

Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose. _____

Number of persons with access to an **improved** or expanded facility or infrastructure. _____

Total persons benefiting from this project. 2000

Number of beds created in overnight shelter or other emergency housing. 0

7. Describe the **geographic boundaries** of the neighborhood, community, or region to be served by the project. This description must include service area boundaries if land acquisition or structural improvements are proposed. Attach a map.

See attached map.

8. **Maintenance and Operations** for Public Facility Project - All capital improvements or facilities projects will require a Maintenance and Operation (M & O) contract between the County and an M & O Entity. Only applicants requesting funding for proposals for CONSTRUCTION must complete this section. N/A

Who (agency name) will be responsible for the ongoing maintenance and operations of the facility? An authorized person representing the responsible organization must sign the certification on the next page.

n/a

Attach the proposed maintenance and operations budget reflecting both expenditures and revenue (sources and amounts). Add any comments here.

Certification of Maintenance and Operations Budget Certification

The governing body of (insert agency name)

a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program. Should this project be funded, a formal Maintenance and Operations Contract between the County and entity providing maintenance and operations services shall be written and signed before any funds can be released.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative:

Title of Authorized Agency Representative: _____

Date Certification Signed: _____

9. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

The City is proposing to build a Human Services Center, which will provide two buildings that will house medical, dental, and mental health services and various other social services agencies in one convenient location, so residents only have to go to one place to receive a variety of services.

10. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at http://portal.countyofventura.org/portal/page?_pageid=821,1098211&_dad=portal&_schema=PORTAL.

Most County health and social services agencies are available only in Ventura or Simi Valley, which makes it difficult for those residents without their own transportation to use these services. By providing one location for residents to go, it will be more convenient for low and moderate income residents to access these health and social services.

11. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal select in question (2) above.

The requested grant funding will be used to pay for architectural and engineering work needed to complete the building. No funds will be used for construction of the building.

12. Within the space provided on this page, provide a project description that fully describes the proposed public facility, its purpose and its beneficiaries.

To deal with many of the non-housing community development needs, the city is currently pursuing a Human Services Center, which will include two buildings - one to house medical, dental, and mental health services, and another to house social service agencies. The Human Services Center proposal arose out of a variety of concerns about social services and related issues in Moorpark, particularly those involving access to medical/dental, human and social services for the low and moderate income residents. The health and social services available in Moorpark are very limited. Most County health and social services are available only in Ventura or Simi Valley, and accessing them can be difficult and time-consuming for those Moorpark residents without cars. The Moorpark Community Services & Food Pantry, which is sponsored by Catholic Charities, provides services in Moorpark but does not have a permanent home. The construction of the Human Services Center and the installation of various health and social services tenants, will make it easier for low-mod income residents to access these services.

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

The Human Services Center will promote availability/accessibility by providing medical, dental, and social services to the low-mod income residents of Moorpark, particularly those who don't have transportation, by creating a facility where medical and social services agencies can exist together, and provide access to the low-mod income residents "under-one roof".

D. BENEFICIARY INFORMATION

1. How does (will) your organization verify income eligibility of your clients?
 Tenant Organizations to provide.

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions. Do you request information on whether your clients are of Hispanic ethnicity? _____

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	
Asian	
Black/African American	
Native Hawaiian/Other Pacific Islander	
White	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	

Does your organization use any other Race categories? If yes, please explain and attach any forms you use.

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

The end users of the buildings will be required to maintain this information.

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore				
Moorpark	\$160,694	0	0	0
Ojai				
Port Hueneme				
Santa Paula				
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)				
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown				
TOTAL	\$160,694			

Indicate the source of your information:

Beneficiary information will be more readily available once the buildings have been completed.

E. ORGANIZATIONAL CAPACITY N/A

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	<input type="checkbox"/>
Organization Chart	<input type="checkbox"/>
List of the Board of Directors	<input type="checkbox"/>
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	<input type="checkbox"/>
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	<input type="checkbox"/>

Is this a "faith-based" organization? *Yes ___ or No ___

*Generally, a faith-based organization was founded or is inspired by faith or religion.

Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 9, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
CDBG Funds	\$455,924
Redevelopment Agency Funds	\$7,930,178
Certificate of Occupancy Financing (to be issued in either 08/09 or 09/10)	\$4,000,000
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$12,385,472

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
Redevelopment Agency Funds	July 2009	\$2,800,000
Certificate of Occupancy Financing		\$4,000,000
Total FY 2009-10 Project Budget (NOT the entire organization)		\$6,800,000

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. which specific component(s) will be paid for with the requested CDBG funds.

Architectural and engineering costs

Project Budget Summary for FY 2009-10 - Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)		\$657,323	\$657,323
Architectural and Engineering Services	\$160,694	\$810,697	\$971,391
Pre-Construction costs (appraisal, fees, studies, permits, etc.)		\$55,000	\$55,000
Off-Site Development Costs (Utilities, roads, access. Please specify.			
Site Preparation costs (not included in construction contract)		\$130,178	\$130,178
Construction labor and materials (Including Davis-Bacon compliance)		\$10,421,173	\$10,421,173
Project Management		\$3,043,868	\$3,043,868
Other costs (Please specify):			
TOTAL	\$160,694	\$15,118,239	\$15,278,933

Project Pro Forma

Attach a project pro forma for construction and/or operations. If not yet available, please provide ASAP; project will not be considered for approval until it has been received.

Submitted previously

Budget Estimator (Name, Title, and Phone Number):

G. PRELIMINARY ENVIRONMENTAL REVIEW

Project has already received environmental clearance.

Project Information

Project Name	
Assessor's Parcel Number of Project Site. Please provide a Legal Description and location map and attach them to this application.	
Parcel Size	
Project Type (Check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Other _____
Has this project previously received NEPA environmental clearance? If yes, attach a copy of the Environmental Review.	Yes ___ No ___ Unknown ___ (Please check one) Year clearance completed _____

Historic Preservation

Note the year that each of the structure(s) on the parcel was constructed.	
Are any of the structures designated or eligible for listing on the National Register or Historic Places?	Yes ___ No ___ Unknown ___ (Please check one)
Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.).	
Are any of the structures considered of local historic significance? If yes, cite the source.	Yes ___ No ___ Unknown ___ (Please check one)
If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted.	

Local Land Use Review

What is the local land use authority for this site? (City or unincorporated County)	
What is the zoning for this parcel? (Contact the local Planning Department)	
Is the project's land use consistent with the zoning designation?	Yes ___ No ___ Unknown ___ (Please check one)
What is the General Plan and/or Area Plan Designation? (Contact the local Planning Depart.)	
Is the project's land use consistent with the General Plan and/or Area Plan Designation?	Yes ___ No ___ Unknown ___ (Please check one)
Please list the local permits required to approve the proposed project (e.g. site approval/conditional use permit, planned development permit, etc).	
Have the listed permit applications been initiated? Please note the status of any required permit applications.	Yes ___ No ___ Unknown ___ (Please check one)
Has a CEQA environmental document already been prepared for this project by the local Planning Department or is this review in process? If completed, what was the determination (i.e., MND, ND, EIR, etc.)?	Yes ___ No ___ Unknown ___ (Please check one)
Has a NEPA review or an Environmental Assessment for this project already been completed or is this review in process by another agency?	Yes ___ No ___ Unknown ___ (Please check one)

Additional Questions for Rehabilitation of Existing Structures

Describe the rehabilitation activities in detail. Will the existing structure(s) be expanded? Will rehabilitation impact any external elements of the building(s)? To what extent will demolition of existing building structures or elements play a role in the rehabilitation?	
Have the structure(s) been tested for asbestos, mold, or lead-based paint? If so, will the proposed rehabilitation disturb these substances?	

Environmental Compliance Checklist

<p>Please describe the project site, the existing or proposed structures, and the existing land use. Submit one or more photos of the existing site (one set of photos with original application).</p>	
<p>Has a Phase I Site Assessment Report been completed for this project?</p>	<p>Yes ___ No ___ Unknown ___ (Please check one)</p>
<p>Has an Archaeological Phase I Survey been completed for this site?</p>	<p>Yes ___ No ___ Unknown ___ (Please check one)</p>
<p>Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? If so, describe.</p>	
<p>Please note the land uses surrounding the proposed project site.</p>	
<p>Is the project site within line-of-sight of an arterial roadway or railway? List the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.</p>	
<p>Will this project create noise sensitive uses? For instance, is this a new residential project that will house families? If so, have noise attenuation measures been incorporated into the proposed project?</p>	
<p>Is the project site located on existing or previously cultivated farmland?</p>	
<p>Is the project site in either a 100-year or 500-year floodplain? If so, please describe. (Contact the local Public Works Department for the site's floodzone designation)</p>	
<p>Is the project located in or near a wetlands area?</p>	
<p>Approximately how far is the project site from the nearest airport?</p>	

H. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

City of Moorpark

Name of Agency

Hugh R. Riley

Typed Name of Agency Official

Assistant City Manager

Title of Agency Official



Agency Official Signature

Date of Signature

(805) 517-6215

Telephone Number of Agency Official

hriley@ci.moorpark.ca.us

E-mail Address of Agency Official

COUNTY OF VENTURA ENTITLEMENT AREA

2009-10 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

ECONOMIC DEVELOPMENT PROJECT PROPOSAL

Submitted to City of Moorpark (Jurisdiction)

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible.

A. APPLICANT INFORMATION

- 1. Legal Name of Applicant Organization: Women's Economic Ventures
- 2. Mailing Address: 333 S. Salinas Street
Santa Barbara, CA Zip: 93103
- 3. Executive Director Name & Title: Marsha Bailey, CEO
- 4. Organization's Website Address: www.wevonline.org
- 5. Organization's Tax Payer ID #: 95-3674624
- 6. Contact Person Name & Title: Angel Cottrell, Client Services Director
 - a. Phone: 805-965-6073 FAX: 805-962-9622
 - b. E-mail Address: acottrell@wevonline.org
- 7. Title of Proposed Project: Microenterprise Development
 - a. Address/Service Area of Proposed Project: Ventura County
 - b. Estimated Number of New Full-Time Jobs to be Created: 7
 - c. Estimated Number of New Jobs to be Created for Low-Mod Income Beneficiaries: 5
 - d. Amount Requested for this Project: \$10,000

For City / County Use Only			
Date Received: <u>12/24/08</u>	Time:	Signature: 	Application Complete?

000106

B. PROJECT INFORMATION

1. Will the proposed activity...:

- | Yes | No | |
|-------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help prevent homelessness? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help the homeless? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Help those with HIV or AIDS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Help the disabled? |

2. Select **ONE** of the following County Of Ventura – Entitlement Area Consolidated Plan Goals that this project will meet.

Affordable Housing

	Goal AH-1. Increase the availability of affordable owner housing.
	Goal AH-2. Improve the quality of owner housing through rehabilitation.
	Goal AH-3. Improve the quality of owner housing through code enforcement .
	Goal AH-4. Increase the availability of affordable rental housing.
	Goal AH-5. Improve the quality of affordable rental housing through rehabilitation.
	Goal AH-6. Increase home-ownership options for first-time, low and moderate-income homebuyers .
	Goal AH-7. Increase housing options for persons with special needs .
	Goal AH-8. Improve quality of public housing or public-agency owned housing through rehabilitation.

Services for Homeless Individuals/Families

	Goal H-1. Assist homeless or at-risk persons with housing and services.
--	--

Community Development

	Goal CD-1: Improve or construct public facilities that support low-mod income residents.
	Goal CD-2: Improve or construct infrastructures in low-mod income areas.
X	Goal CD-3: Enhance economic development by creating or retaining jobs to be filled by or made available to low and moderate-income persons.
	Goal CD-4: Provide services to youths from low-mod income families.
	Goal CD-5: Provide services to area seniors.
	Goal CD-6: Provide other services to low-mod income persons.

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3. Using 25 words or less, provide a concise description of the proposed project. This description will be included in staff reports provided to advisory committees, City councils, and/or the County of Ventura Board of Supervisors.

WEV provides training, loans and business services to help primarily low to moderate income women start and expand small businesses.

4. Using 50 words or less, describe the unmet community need(s), as described in the County of Ventura 2005-2010 Extended Consolidated Plan, that your project plans to address. This Plan may be found on-line at CDBG/HOME/ESG Grant Application Process and Forms.

In the last year, 2.2 million Americans have lost their jobs. Like the recession in 1991 the majority of those people will either start their own business or go to work for a micro-enterprise. Ventura County has over 18,000 woman-owned businesses with no business development programs targeted toward their needs.

5. Using 75 words or less, describe how the requested grant funding will be used to address the Consolidated Plan Goal selected in question (2) above.

WEV proposes to provide a minimum-of four (4) self-employment training (SET) classes per year in various locations throughout the county, of which one (1) will be a Spanish-language class. In addition, WEV will provide \$150,000 in startup or expansion capital to Ventura County businesses. The funds requested will enable staff to continue program outreach and delivery efforts within the community (Spanish and English) and pay for the instructors and facilitators of the program.

6. Within the space provided on this page, provide a project description that fully describes the proposed public service, its purpose and its beneficiaries.

WEV programs combine classroom training, loan capital and individual business services to support the small business entrepreneur throughout the business lifecycle from pre-startup to sustainability. Although programs are classified according to stages of business growth, we recognize that client needs vary and often defy categorization. Services are provided in Spanish and English.

Pre-startup and Startup: In general, targeted towards clients who have been in business for less than one year, are generating annual gross sales less than \$50,000 or have never completed a business plan. **Business Readiness Workshops:** A free, one-hour workshop designed to help clients assess their preparedness for self-employment. **Self-Employment Training:** A comprehensive 14-week, 56-hour course, using WEV's custom-designed curriculum. The training covers self-assessment, business feasibility, marketing, finance, operational and personnel management and business planning. **WEV Got News!:** Monthly e-newsletter informing clients of services and events and promoting client businesses. **Mastermind:** Offers ongoing peer support in a small group format to help clients set and achieve their business goals.

Launch: For clients in business for 1 – 3 years, and generating between \$50,000 and \$100,000 in gross annual sales. Launch phase clients are encouraged to take advantage of the following services: **Small Business Loan Fund:** WEV's microloan fund provides start-up loans of up to \$25,000 to pre-bankable businesses. WEV staff provides loan consultations and loan packaging assistance. **Business Counseling:** Individual technical assistance in areas such as marketing, finance, strategic planning and capital strategies. **WEV got Business!:** A membership organization for graduates and other business owners to provide opportunities for networking, mentoring, continuing business education and access to capital.

Grow and Sustain: Clients in business 3 – 10 years and generating annual sales in excess of \$100,000 are encouraged to take advantage of the services above and to participate in the following services: **Business expansion loans** of up to \$50,000. **Executive Coaching:** A professional coach will help you "be all you can be." A coach helps you to identify and overcome your personal challenges and barriers to success. **Think BIG Conference Series:** A series of quarterly, full-day conferences to support entrepreneurs as they take their businesses to the next level of growth and sustainability. **Referrals:** Throughout the business development process, WEV refers clients to other business support services in the community such as SCORE, SBDC, SB City College and professional and networking organization.

C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. Please check only one box on this page that best applies to your project's outcomes and objectives.

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

Please provide a brief explanation on how your proposal will address the selected outcome and objective. Describe how people or conditions in the community will change as a result of what you do.

WEV's goal is to create family self-sufficiency through microenterprise development by providing classroom training, follow up support and loans to low and moderate income entrepreneurs who are underserved by conventional lending and educational institutions. Follow-up data from WEV clients indicate that within 18 months of program completion, 63% were in business and household income had increased an average of 43%. Clients who were already in business when they came to WEV saw their sales increase an average of 63%. WEV clients generate an average of \$69,300 in annual sales and have accumulated an average of \$8,800 in personal savings. The building blocks to this success are the approximately 75 percent of clients who graduate from the program and 60 percent who complete a business plan.

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D. BENEFICIARY INFORMATION

1. How does (will) your organization verify **income eligibility** of your clients?

Yes or No

Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. <u>Also attach a map.</u>	No
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	Yes
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	Yes
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	No
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

2. **Ethnicity** - Very few projects are exempt from this requirement. Please refer to instructions.

Do you request information on whether your clients are of Hispanic ethnicity? Yes

3. **Race** - Very few projects are exempt from this requirement. Please refer to instructions.

Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:

Yes or No

American Indian/Alaskan Native	Yes
Asian	Yes
Black/African American	Yes
Native Hawaiian/Other Pacific Islander	Yes
White	Yes
American Indian/Alaskan Native & White	Yes
Asian & White	Yes
Black/African American & White	Yes
American Indian/Alaskan Native & Black/African American	Yes
Other Multi-Racial	Yes

Does your organization use any other Race categories? If yes, please explain and attach any forms you use. _____

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

4. Location of Beneficiaries - Indicate the CDBG funds to be requested and beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total CDBG Funds to be Requested FY 2009-10	Total Number of Beneficiaries Estimated to be Served FY 2008-09	Total Number of Beneficiaries Estimated to be Served FY 2009-10	Low/Mod Income Beneficiaries Estimated to be Served FY 2009-10
Fillmore	\$15,000	8	4	3
Moorpark	\$10,000	9	9	6
Ojai	\$15,000	15	20	15
Port Hueneme	\$15,000	15	20	15
Santa Paula	\$15,000	16	10	7
Unincorporated Area (Casitas Springs, Oak View, Meiners Oaks, Mira Monte, Ojai East End, El Rio, Saticoy, Newbury Park, Oak Park, Piru, etc.)	\$	29	20	15
Other (Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura), outside Ventura County or unknown	\$20,000	255	217	163
TOTAL	\$90,000	347	300	224

Indicate the source of your information: Previous year data

5. Economic Development Beneficiaries

Type 1 and Type 2: Financial or Technical Assistance

Indicate if jobs will be: (Check one)	Created	Retained (not lost)
	X	

Indicate the number of full time jobs anticipated:	Total # of Jobs	# of L/M Jobs
	7	5

Indicate the number of part time jobs anticipated:	Total # of Jobs	# of L/M Jobs
	7	5

Type 1: Financial Assistance

Total number of businesses to be assisted (DUNS number required at time of assistance).	Businesses

Type 2: Technical Assistance

Total number of businesses to be counseled (i.e., introductory session, informational meeting, etc.).	Businesses
	300
Number of businesses to be provided technical assistance (DUNS number required at time of assistance).	Businesses
	75

Year End Report Form for Economic Development Programs

(To be completed after June 30, 2010)

Report Form for Jobs:

Number of Jobs actually created or retained	Full-Time Jobs		Part-Time Jobs		Number of Weekly Hours for Part-Time Jobs	
	Total # of Jobs	# of L/M Jobs	Total # of Part-Time Jobs	# of Part-Time L/M Jobs	Total Weekly Hours of Part-Time Jobs	Weekly Hours of Part-Time L/M Jobs

Number of jobs with employer sponsored health care benefits: _____

Number unemployed prior to taking jobs created: _____

Type of Jobs Created:

	# FT Jobs	# PT Jobs		# FT Jobs	# PT Jobs
Officials and Managers			Craft Workers (skilled)		
Professional			Operatives (semi-skilled)		
Technicians			Laborers (unskilled)		
Sales			Service Workers		
Office and Clerical			Other (Specify)		

Report Form for Businesses:

Number of New Businesses Assisted: _____

Number of Existing Businesses assisted: _____

Number of Existing Businesses Expanding: _____

Number of Existing Businesses Relocating: _____

Number of businesses assisted:

With commercial façade treatment/business building rehabilitation _____

That provide goods or services to meet the needs of a service area, neighborhood, or community: _____

DUNs Number for each business assisted (use additional sheet if necessary):

_____	_____
_____	_____
_____	_____

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E. ORGANIZATIONAL CAPACITY

This section is to be completed by all applicants who have **not** received CDBG funding from the County of Ventura or its Entitlement Area cities within the past **three** years.

Federal Grant Experience

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports (Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	January 1 – December 31
Date of your organization's most recently completed audit. (Month/Year)	December 2007
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	Jan 2007 – Dec 2007
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	No
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Yes or No
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	Yes
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	Yes
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	Yes

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Is this a "faith-based" organization? *Yes _____ or No X

*Generally, a faith-based organization was founded or is inspired by faith or religion.

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Current Year Project Funding

Did your organization receive funding for the project described in Section B. Item 6, from any funding source in the current year? If so, provide details on funding sources, including if the funding is CDBG, other Federal funds, State, local or private funds below:

Current Year Project Funding for FY 2008-09

Name and Source of Current Funding Utilized for THIS Project	Amount
City CDBG Funding	\$85,000
County CDBG Funding	\$18,000
Foundations (Private)	\$120,000
Corporations	\$121,333
Individual Donations	\$120,000
Program Fees	\$69,484
Total FY 2008-09 Project Budget (NOT the entire organization budget)	\$533,817

What other, non-CDBG funding sources, will your agency seek for this project for fiscal year 2009-10? Provide details on funding sources, specifying if the funding is Federal, State, local or private funds.

Project Funding Anticipated for FY 2009-10

Name and Source of Funding Anticipated for THIS Project	Date Anticipate Receipt of Funding	Amount of Funding
Foundations & Corporations (Private)	Throughout 2009	\$212,533
Individual Donations	Throughout 2009	\$78,000
Program Fees	Throughout 2009	\$67,360
Small Business Loan Fund	Throughout 2009	\$28,600
		\$
		\$
		\$
		\$
Total FY 2009-10 Project Budget (NOT the entire organization)		\$386,493

F. PROJECT BUDGET

Briefly describe what **this** grant will pay for; i.e. if your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), which specific component(s) will be paid for with the requested CDBG funds.

The grant will pay for staff and outreach expenses associated with the delivery of business services including the Self Employment Training (SET) program, individual business and loan counseling, and WEV's Small Business Loan Fund.

Project Budget Summary for FY 2009-10 – Provide budget detail ONLY for the specific project that this proposal addresses; NOT the budget for your entire Agency or program.

Category	Requested CDBG Funding	Total Other Funding	Total Funding
Personnel Wages (provide details below)	\$5,000	\$265,000	\$270,000
Personnel Fringe Benefits		\$50,000	\$50,000
Consultant/Contract Services	\$5,000	\$29,000	\$34,000
Travel, Mileage		\$9,500	\$9,500
Office Expenses (Space Rental, Insurance, Utilities, etc.)		\$12,000	\$12,000
Equipment (Rental, Lease or Purchase)		\$3,000	\$3,000
Other (Explain): Marketing & Outreach		\$40,000	\$40,000
TOTAL	\$10,000	\$408,500	\$418,500

Detail of Personnel Wages

Position/Title	Time on project	Rate of Pay	CDBG funds being Requested
Contract Staff (trainers, consultants)	100%	\$29,400	\$5,000
Program Coordinator	100%	\$43,872	\$2,500
Client Services Director	35%	\$88,500	\$2,500
TOTAL		\$161,772	\$10,000

Budget Estimator (Name, Title, and Phone Number):

Marsha Bailey, CEO, 805.965.6073



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G. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Women's Economic Ventures

Name of Agency

Marsha Bailey

Typed Name of Agency Official

CEO

Title of Agency Official



Agency Official Signature

12/22/08

Date of Signature

805-965-6073

Telephone Number of Agency Official

mbailey@wevonline.org

E-mail Address of Agency Official

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CDBG OVERVIEW OF PAST FUNDING (1998-2009): PUBLIC SERVICES

Public Service Program	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	TOTAL
Adult Literacy	\$1,000	\$1,000										\$2,000
Catholic Charities	\$9,097	\$5,366	\$7,293	\$7,330	\$7,643	\$7,643	\$9,047	\$12,000	\$12,000	\$14,000	\$14,000	\$105,419
Coalition to End Family Violence							\$3,000	\$3,000	\$3,000			\$9,000
Food Share, Inc.										\$3,000	\$4,000	\$7,000
Long Term Care Ombudsman						\$459	\$2,000	\$3,000	\$3,000	\$2,745	\$3,000	\$14,204
Loving Heart Hospice Foundation								\$2,500	\$2,500	\$4,000	\$4,000	\$13,000
RAIN Project										\$3,000	\$4,850	\$7,850
Senior Center Part-time Staff	\$10,100	\$13,000	\$12,000	\$12,000	\$12,000	\$12,000	\$5,500	\$7,444	\$7,444			\$91,488
Senior Survivalmobile				\$1,000								\$1,000
Senior Nutrition	\$9,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000					\$69,000
Total of Public Service Projects	\$29,197	\$29,366	\$29,293	\$30,330	\$29,643	\$30,102	\$29,547	\$27,944	\$27,944	\$26,745	\$29,850	\$317,961